

Helpers for a healing Community:
A pastoral Counseling Manual for AIDS.



HELPERS FOR A HEALING COMMUNITY

A Pastoral Counseling Manual for AIDS



Founded in 1954, MAP International is a Christian global health organization providing services and materials to missions and churches in various parts of the world. Working in concert with churches and other Christian organizations, MAP promotes basic total health care for needy people in developing countries. MAP International provides training in community health development; donated medicines and supplies to mission hospitals; emergency relief for disaster victims; and unique internship experiences.

Located in Nairobi, Kenya, the Eastern and Southern Africa Regional Office was established in 1985 and focuses primarily on community development training. MAP encourages a movement of individuals and organizations within the church to experience spiritually-motivated transformations in their attitudes and behaviours. We work with individuals, churches, and church organizations that are involved in:

- curative and preventive health care
- rural and urban church development
- community based development
- Christian communications
- AIDS education and programme development
- research



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AIDS in Your Community

AIDSBrief (A quarterly newsletter for health practioners)

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HELPERS FOR A HEALING COMMUNITY

A Pastoral Counseling Manual for AIDS

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In the early years of AIDS, most people thought that it was someone else's problem, if it was a problem at all. Certainly church leaders did not think that they needed to struggle with the problem. Some thought that AIDS was God's just punishment upon sinners, and the church shouldn't get involved. Others thought that good people would not get AIDS.

Now most people in Africa know that AIDS is real. It is as inescapable as ignorance and hatred. *But if one cannot escape the disaster, then why try?* Because like ignorance and hatred, it will surely find the person who does nothing about it. The church is now ready to do something about the disaster called AIDS, and the enemies that bring it. The enemies are not people, although people introduce the enemies. The real enemies are lust, pride, and other forms of selfishness. Ignorance and indifference have given the enemies a strong place to stand in our Christian homes and churches.

This manual is the work of many people. We at MAP International want to thank the many people beyond our staff who helped design this manual, especially the reviewers: Mrs. Gladys Mwiti, Mrs. Mbithe Anzia, Mrs. Emmy Gichinga, Rev. David Kiare, Rev. Ronald Munithya, Rev. Agatha Senyimba, and Rev. Habil Omungu. In addition to these, more than 150 pastors and church leaders have worked together in small groups to identify the needs, responses and ideas that are here. These leaders represent a wide range of Protestant denominations and beliefs, but as one pastor observed, "We are all facing the same enemy."

Churches have not done much so far in helping meet the problems caused by AIDS. But the people who do help the most are

often Christians! That means we actually have a lot of resources to fight the enemy. What we lack is a battle plan.

You do not need to know a lot about AIDS. In fact there is less to know about it than most diseases. Here you can learn most of what you need to know about the technical facts of AIDS. This book will also help you with many ideas about counseling in general, and especially about AIDS counseling. It is not intended to be a full or complete counseling manual, but we hope it will help your congregation do something about AIDS. Any family or person that has a relative with AIDS need help. They need hope in the middle of their discouragement. They need the spiritual and emotional healing that Jesus offered when He said "Come unto me, you who are weary and heavy laden, and I will give you rest."

The church is like a giant net used to capture and control. A wild animal could easily injure a person who is unsuspecting or not careful. But if that animal enters the net, it becomes tangled and cannot escape. The net may tear a little in the struggle, but it can be repaired. If, however, the net is not well made or not well-attached, then the animal will escape and do great harm. The church will be able to protect us against the damage of AIDS when it helps bind together caring people who have experienced the forgiveness of sins in Jesus Christ. Christians who care and want to share the power of Christ are potential counselors. In fact, they are probably already doing the work of counselors in our churches. We need to help them be more effective, be better equipped, and be encouraged that what they are doing is one of the great ministries Jesus gave us.

why pastoral AIDS counseling?

The Bible supports AIDS counseling in our pastoral duties. How can we say this? Because Jesus did not fail to touch even the leper. He spoke to the woman with the bleeding disease when people were pushing all around him. He took time to go to the house of the rich outcast, Zacchaeus. And He commanded us to do the same. To minister to those in need is to minister to Christ. He said "I was sick and you looked after me, I was in prison and you came to visit me"(Matthew 25:36).

The people in our congregations are often suffering from AIDS, and we do not even know. If an uncle or a niece or a husband of a member of your congregation is HIV+ then the disease has affected your flock. The family will be involved. They will have to counsel, help in sickness care, give money for the needs of life and death.

Shepherding the flock includes counseling our people that are affected or infected with AIDS. Some may have become infected through blood transfusions. Some may be innocent but because of the unfaithfulness of a spouse. They are in need of reconciliation or advice and help for their marriages. Some may have gotten the infection from sexual activities while they fell in temptation. Those individuals need to be brought to repentance and receive forgiveness. Some may be suffering temptation and in need of the counselor's voice to stay pure or faithful. It is better to visit and counsel in order to prevent infection than to attend the funeral of the person you failed to help and warn (Hosea 4:6, Ezekiel 3:18).

The church's message is the only message of real hope in this crisis. The world can only offer condoms to unfaithful people. The church has the message of faithfulness in marriage and abstinence before marriage. Those are not negative messages, nor are they impossible messages. They are messages of life, of wonderful and

fulfilling sexual relationships within God's plan for our lives. The church alone can offer the fellowship of faithful people who encourage and support each other in obedient living. The Christian understands forgiveness and can restore the fallen and the needy, for he too, has been forgiven.

Ministering to the affected and the infected is practical. Often people with HIV/AIDS begin to think much more about the meaning and purpose of their life when they know it will soon be ending. When sickness makes a person depend upon others, the church can and should be prepared to help. That help is the "open door" that can bring a person or a whole family into a right relationship with Christ. This is the goal of the church, and will cause the church to grow.

AIDS counseling is a sign of the presence of Jesus. He said "...he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners,...to release the oppressed..." (Luke 4:18). It is the job of the AIDS counselor to help release people from sinful life-styles, not simply to condemn those life-styles. It is the job of the AIDS counselor to give good news to the suffering family. There is hope. There is healing. The hope and the healing from HIV/AIDS is that even in sickness Jesus helps us to be victorious. The poverty of self-pity and helplessness can be changed to the richness of showing the strength of Christ.

We must give counsel to the infected, the affected, and those not yet affected. Only as we counsel and teach can people be challenged to be responsible for their actions and the prevention of the spread of AIDS.

This is a God-appointed moment in history. In darkness the light of Christ shines brightest. In the world's despair our Christian hope shows more clearly!

**Christian counselor,
be the salt and light of the world!**

how to use this manual

This manual will not answer all your questions. It will not make you a counselor! It is a reference guide that will describe the skills and the issues that are important for AIDS counseling. The case studies given are real or combinations of real situations so that you can apply the issues to actual situations and begin to sharpen your skills.

The goals for this guide book are:

1. to make any willing person better equipped to counsel those infected or affected by HIV/AIDS;
2. to help lay church counselors to understand and deal with problems in the light of the Bible;
3. to sharpen the skills of helping the healing process in people's lives.

What is counseling?

Counseling is a process of helping a person look into his own problems and situations in a realistic way in order to find solutions. *Christian* counseling is a process of helping a person to see his own problems in a realistic way in the light of the wisdom in Christ that the Bible gives. Any person who knows, believes, and can effectively apply God's truth to a problem is a "pastoral counselor." It is not just an ordained pastor who can counsel. But of course not every Christian has the ability to help other people this way.

AIDS counseling means giving the hope, reconciliation, and purpose for life that only God can bring. Church leaders who are doing the work of a shepherd know that many helpers are needed when the flock grows or when there is trouble. Those helpers have to be informed about the needs of the flock and what the head shepherd wants them to do to help. If you are that kind of leader, we hope that this manual will help you to:

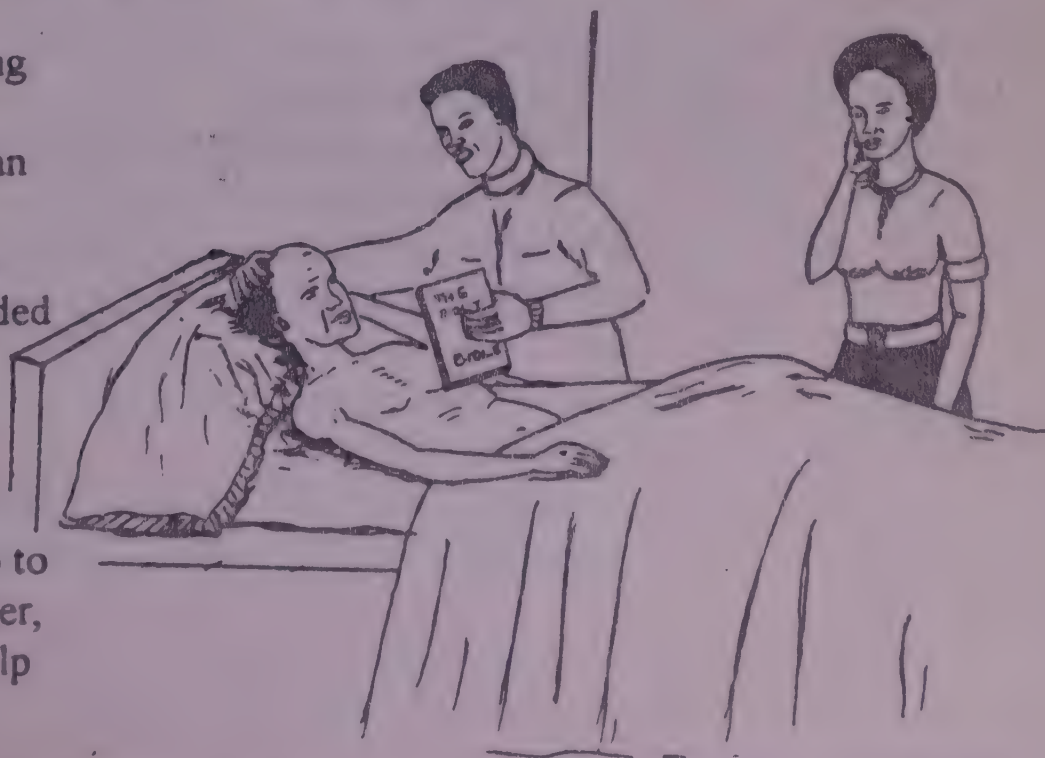
- believe that training others is possible
- equip and train lay counselor "helpers"
- be confident that training others helps you to be a better pastor/counselor.

This manual is designed as a guide book so that you can study and think about the issues as you read. You should have a notebook with you so that you can write your answers for the activities that are marked with a block like this ☐ on each page.

This guide book is also designed to help you find answers for particular problems when you have difficulties in your counseling. The sections follow the same procedure that you would normally follow for a counseling session. The black bar on the right hand edges of each page will help you find the topics that are listed on the contents page. Spend a few minutes getting to know the table of contents and how this manual is organized.

At the very end of the manual is a section of helps that you will need for technical information.

The editors apologize for using "he" most often in referring to a counselee. We have done this only for convenience, rather than writing "he or she" each time. Please understand that there is no age or sex or kind of person that needs counseling more than another.



case study: Martha

Martha is 25 years of age, and has already graduated from a private university with a bachelor's degree. Her family is well-known because her father has been a chief for many years. Recently she came to a private clinic for a minor health problem.

"I can give you a treatment for this vaginal discharge," the doctor had said when he saw her, "but we need to talk more about how you might have gotten it. Do you know how you might have gotten it?"

Martha immediately became anxious and asked if it was unusual. The doctor had assured her it was not unusual, but that it looked like a sexually-transmitted disease. When she heard that she immediately began to cry, and mentioned a relationship she had.

"Martha, I can see that you are afraid," the doctor said, "and you might have a reason to be afraid, but worrying will not help you. I want to have some laboratory tests done so that you know what really is wrong."

The doctor explained about the tests, including the AIDS test, and made sure she understood why it was important to know. When the test results were back, Martha again came to the clinic. The HIV test was positive, and he counseled with her for a short time. He encouraged her to talk with a pastoral counselor who could give her more help.

"No!" she yelled back at the doctor, "I can't be HIV+, and I won't go to any pastoral counselor!" She left angrily, but her face showed a dark cloud of worry.

In her mind crowded the thoughts of death, sickness, rejection, and stigma. She even thought about suicide. She felt guilt like an ox yoke was around her neck. For months she did not tell anyone that she was HIV +.

Every day Martha went to work and acted as if nothing was wrong. She pretended to be happy and even joked about people that were HIV+. She knew that if she told anyone at work about her HIV status, then she would lose her job in the Christian organization where she worked.

After six months it became too hard to keep living a lie, and she told a good friend about her HIV condition. She felt a bit better after she told someone, but several months later she learned that her friend betrayed her confidence and informed others of her problem. She finally made an appointment to talk with a pastor, but not the pastor of the church she usually goes to.

Write the answers to these block ☐ questions in your own notebook.

- ☐ What are some of Martha's needs?
- ☐ What questions would you ask as the counselor?
- ☐ What issues do you think Martha has not faced?
- ☐ What additional information do you need to find out?
- ☐ What true hope can you give Martha?

what is AIDS?

AIDS is a new disease to our communities, and it has no cure. It is caused by a tiny virus known as HIV. The virus is passed between people mostly through sexual contact.

The *only* ways AIDS can be spread is by:

- sexual contact with an infected person,
- blood contact with HIV infected blood,
- infected mother to infant through the birth process or occasionally through breast feeding.

Many people believe you can not get AIDS from a healthy looking person. But the truth is, people with the AIDS virus may look very strong. This is because before a person gets sick with AIDS there usually is a long time (even many years) when they have the virus, but they feel very well and are working as usual.

The only way to know if someone has the AIDS virus is through a special blood test. You can not tell by looking at a person or by knowing they have certain illnesses. The blood test *must* be done before anyone donates their blood to another person.

Some conditions may cause a person to suspect they might have AIDS. If a person or their sexual partner have had sex apart from a mutually faithful marriage, they are at risk of getting AIDS. If a person has had a blood transfusion or other blood contact to their own blood, and that blood was not tested for the AIDS virus, they are at risk for AIDS. Eventual signs for AIDS are long illnesses that do not get better. These illnesses often include diarrhea, coughing, fevers, skin sores, and weight loss over long periods of time.

Some illnesses make it easier for the virus to enter the body through sexual contact. Any

sexually transmitted disease (STD) with open sores on the sex organs make it easy for the virus to pass. If a man has any sore on the penis or a woman either outside or inside the vaginal area, the HIV virus will spread more easily. Such sores must be treated at medical clinics that are familiar with proper treatment and follow up.

It is common for persons to have sexual partners outside of marriage. This may be a very hidden behavior which is not talked about between couples. A wife or husband may suspect that their spouse has sex apart from their marriage. Unmarried people may have sex. Certain cultural practices may encourage sex outside of marriage. All of these situations are against God's plan for sex and bring a very great risk for AIDS or other sexually transmitted diseases. God intended for sex to be only between married people who remain faithful only to each other. Such couples do not get sexually transmitted diseases.

People with the AIDS virus eventually get sick and die. *Caring for persons with AIDS will not give you AIDS.* Normal contact with persons with AIDS, such as shaking hands and sharing utensils, will not pass the virus. AIDS is passed through sexual contact and blood to blood contact.

There are many rumors of cures for AIDS. Many people spend a lot of money to find a cure through medical or traditional healers, but at present there is no hope for a cure for many years to come. It is our responsibility to *prevent* AIDS. While there is no cure for AIDS, persons with AIDS may have much hope through personally trusting in forgiveness and change through Jesus Christ. Only Jesus can heal the deep wounds of bad relationships between each other and God. Jesus offers us hope that will never die.

the goal of counseling

When you go on a trip, you first must decide where you are going. That is your goal. Then you have to decide the route (or roads) you will use, who you will go with, and what you will do there. Those are objectives. So that you can make those decisions, you will also have to find out prices and available means of transport. These activities are your action steps.

Counseling is like taking a trip. Deciding where you are going with a counselee is setting a goal. Deciding what route you will follow and who you will help are your objectives.

Before you begin to actually counsel, you should do some self-evaluation. Here are some of the questions you should ask yourself.

- Are you informed about AIDS?
- Have you already made pre-judgments about people who are HIV+?
- Are you comfortable talking about sexual matters?
- Do you know people to whom you could refer the counselee for further help?
- Are you ready to listen and understand the counselee, or only to tell him what you think?
- Will you be able to continue helping with deeper needs, or can you only commit to one or two sessions or hours with them?
- Do you know what your opinion is (and why) about issues like confidentiality, condoms, and traditional practices that might spread AIDS?
- Can you handle sensitive and very emotional

problems without getting upset or embarrassed?

If you answered "no" or "I'm not sure", then

- a. prepare yourself, and strengthen what is weak, or
- b. refer the case to someone more qualified, or
- c. make your limitations clearly known to the counselee.

When someone comes to you for help or advice, you need to determine your goal for counseling with them. Ask yourself the question: What do I want to accomplish with this person? Two good goals might be these:

1. *help change the behaviour of this person or a family member to prevent the spread of AIDS, and the problems it creates;*
2. *help reduce the consequence of stress and pain that AIDS is creating in this family.*

Goal #1 is more difficult and will

probably involve someone besides the person you are seeing. You may need help to reach this outside person. Goal #2 can be done first, but if you never work on Goal #1, you will only have more and more problems as time goes by.

You probably will not know what your goal is before you actually talk with a counselee. Soon after you begin talking with them, you should decide which goal you are choosing.



the goal of counseling

With either goal, you will have to have objectives. Getting the information to make objectives is part of your first counseling session. Here is a way to get the information.

- ☐ Help the counselee to make a list of his answers to the following questions. Include as many answers as possible. (The samples do not include everything.)

1. *What are the stresses, problems or behaviours that need help?* (Need for money, food, housing. Anger, bitterness, distrust in the family. Not understanding how AIDS is passed to others or how to care for the infected. Need to talk with mate about protection. Refer to pages 13 and 19 for additional issues).
2. *Who are the people that share in those problems?* (Wife, husband, children, relatives, friends, work mates, boss, etc.)
3. *What are the resources or helps that all the people involved have?* (information, time, assistance of giving care, money, emotional support, other contacts, etc.).

Now you are ready to decide with the counselee how you can help.

Here are some common objectives for those working with HIV/AIDS families:

- to win the confidence of the person so that she or he returns for continued help,
- to help people grow and develop, so that they will be able to decide what God wants for them, and live valuable lives regardless of HIV status,
- to prepare the person who does not know if he or she has AIDS to make godly choices for their life, regardless of the test results,
- to help a person who has found out that they have the AIDS virus to get through the first time of crisis,
- to help the person infected or affected by AIDS believe that God's love is big enough to accept, forgive, and help them,

- to help the affected or infected person know how to keep from spreading AIDS and to choose to take preventive steps,
- to help the person be able to talk with their family members about the problems,
- to help a counselee remain sexually pure before marriage or faithful to their marriage partner.

When you have made some objectives for counseling with the counselee, you need to take several simple steps to know what will be your part as a counselor.

- ☐ STEP ONE: prioritize the stresses and behaviours. Which ones are the most important or can most easily be helped? Work with those first. Be sure that you are dealing with the counselee first, and not other people.
- ☐ STEP TWO: decide what resources (people or actions) can be used to help.
- ☐ STEP THREE: decide what kind of help and oversight you will give.
- ☐ STEP FOUR: make notes about your goal and approach while the counselee is with you, and then write your notes more completely after they leave. These will be your action plans as a counselor.



case study: John

John's foot pushed his chair away from me as his athletic body slumped down. His eyes could fire up entire groups of people, but this time they were dark holes.

"It seems you're busy now, Pastor," he said, before I'd even had the chance to stand and extend him a hand. "I should come another time..." and his voice became a whisper as he continued an empty stare out of the window.

"No, not at all. Now is the best time." As I rose to shake his hand I bumped my chair in his direction. We continued with our greetings, and of course everything was fine--his wife, children, farm and parents. But his heart seemed to be on safari somewhere; he scarcely looked at me.

"John," I continued as I tried to meet his eyes, "A trapped bird doesn't sing, and you don't seem to be singing today. What's wrong?"

Carefully he took me on a tour of his last few weeks. I saw a few of the shadows that moved in his life and tried to figure out what caused those shadows.

He had been sick a lot recently--malaria, he said--and had not been very free to be at church because of traveling. His farm was not doing as well as usual because of the drought, but it was no worse than everyone else's right then. He was worried about his children's schooling and said nothing about his wife, Hope. What was really depressing him most, he said, was his friend's recent funeral. John suspected he had died of AIDS. He left behind three kids and a sick wife.

"But at least he had two sons to keep his name," he said with a kind of desperate voice. "We used to travel together a lot when we were taking fruits to the market..." and his voice stalled like a bicycle in deep sand.

- ☐ How would you respond to John?
- ☐ What do you think are the reasons for some of the "shadows"?
- ☐ What questions would you ask him?
- ☐ What behaviour is suspicious?
- ☐ How does he "open the door" to you?
- ☐ What advice would you give him if he is afraid he has AIDS himself?
- ☐ If John had been a fairly close friend and classmate of yours, would it make any difference in how you treated him?

qualities of a good counselor

A good counselor is one who:

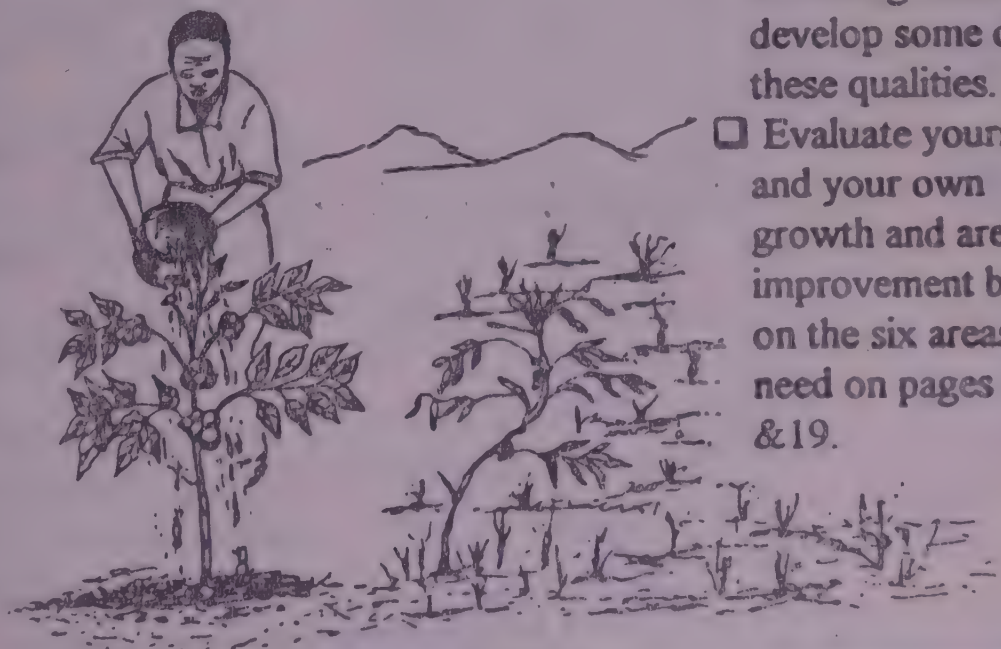
- *listens*
- *is wise and yet humble*
- *is polite and patient*
- *understands the client and his problem*
- *is loving toward him*
- *is available for him*
- *is impartial and objective*
- *is able to hear hard things without quick emotional reactions*
- *is able to keep confidentiality*
- *can offer Biblical advice and ideas*
- *evaluates his own thoughts, behaviour, and practice in the light of the Bible*
- *has a close walk with God*

Good counseling is done:

- *when a person is helped to solve his/her own problems*
- *when it is needed*
- *within a time schedule*
- *when a client feels welcome*
- *when it is supported by other people who have the same approach*
- *when there is a trust relationship*
- *when there is not a judgmental attitude.*

These qualities are not like tins of paint that you can go out and buy and brush onto a situation that you are working with. They are more like trees that must be planted, watered, and cared for. They reflect deep attitudes in a person.

- ☐ For each of the characteristics of good counseling, write one way that will help you know if you or someone you might train has that quality.



- ☐ For each characteristic write one thing you can begin to make a part of your life and practice.

We often mistake a helping person for someone who only supports the feelings and struggles of a client. A really helping counselor does not just say "I understand." Imagine if you had a broken leg and went to a doctor who only said "It must be very hard for you to walk," and then left! No, you want a doctor who will pull the broken leg into the correct position and then put a cast on it so it will heal. Pulling the leg into the correct position may be very painful. The cast will be very difficult to walk with. But if you are going to be helped, you will need that kind of care. It is the same for a counselor. Often difficult things must be said. Remember that giving true hope requires telling truth that heals the soul, even when that truth is painful to hear.

- ☐ Choose a case study and practice some helping skills. What would you encourage the person to do? How would you solve their problem? How would you help them solve their own problem without simply telling them what to do?

- ☐ How could you train helpers so that the qualities listed above might grow in their lives? Write two ways that you could use a training session to develop some of these qualities.

- ☐ Evaluate yourself and your own growth and areas for improvement based on the six areas of need on pages 13 & 19.

For further study...

Exodus 18:13-27; 1 Kings 12:1-11; Acts 5:34-39; Matthew 7:1-5; Jeremiah 17:9

listening

Listening is the most important skill of a good counselor. Even though we believe that we are listening, often the person speaking to us does not agree. When a client leaves a good counselor, they think "That person really listened. He understood me even when he did not agree with me."

Good listening involves a combination of active and passive listening.

Passive listening is when I allow a person to talk without interruption, and share whatever he wants to share.

Active listening is when I help a person to express himself more fully and when I give and receive feedback that lets both of us know that I have understood.

Passive listening is usually the best place to start. We might begin the session with "open" questions like, "Tell me why you came", or "How do you think I might help you?" When the client seems to be stuck or ends what they want to say and you do not yet understand them, ask "Would you tell me more about...?"

When you think you have understood, you need to make sure! You also need to let the client know you understand. This is active listening. You make sure you have understood by paraphrasing or restating what they have just said. Restating is when you say in your own words what you think the counselee meant. You might say "What I understand you to mean is.... Is that right?"

Sometimes a client says something that shows an important emotion, a significant action, or states what you think is the core problem. In that case you may want to repeat what they have said.

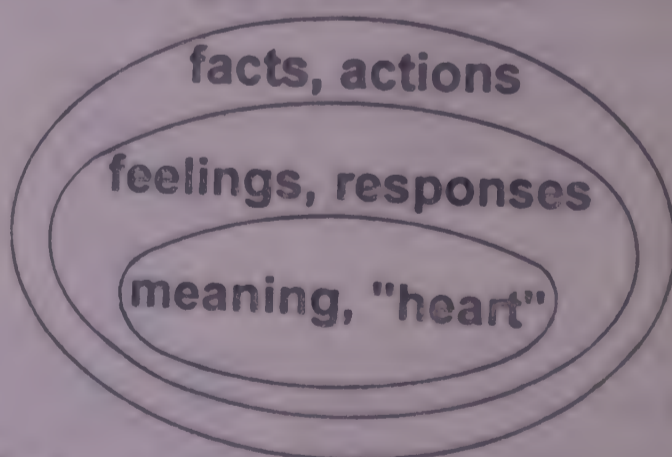
At regular points in a session it is helpful to summarize what has been said so far. Summarizing gives the opportunity to make sure the counselee knows you have listened and it gives you the opportunity to move the session to another topic or phase.

In order to clarify the problem, or gain deeper understanding, it may be necessary to be a mirror for the client. **Reflecting** involves helping the client see themselves from another person's point of view. You might say "You seem angry" or "Would you really be happy if..." or "How do you think the other person would feel or understand that?".

The goals of listening are:

- to understand what you are being asked to do or say,
- to clarify what the client thinks the problem is,
- to help the client have a deeper understanding of the problem,
- to identify possible solutions or resources for the problem.

Active and passive listening must take place on *three different levels*. On the easiest level are the facts. *Facts* describe what took place. Often problems arise because people have different perceptions of the facts. The deeper level of listening requires understanding feelings. *Feelings* describe a person's response to the facts. The deepest level is meaning, or motive. The *meaning* describes why a person did, felt, or thought what he did. What was in his heart? Good listening requires that we look for understanding at all three levels.



- ☐ Practice listening by having someone tell a story. Then briefly tell them what you heard (facts, their feelings, the meaning). Ask if you heard right. If not, try again.

for further study...

1 Samuel 25:2-32; Joshua 22:10-34; Proverbs 1:5; John 21; Acts 3:27; James 1:19,22

asking questions

Questions are like keys: they will either lock or unlock the door of understanding. Some of the things that the counselor needs to find out might be:

- Are there any other affected people?
- Are there any other problems or stresses that the counselee might have?
- What can the counselee see that can be done about this problem?
- What can other people do to help?

Like keys, different questions are used for different kinds of situations:

For more information ask:

- "bigger" questions
- "more" questions, for example:

"Did any thing else happen?"

"What else might be the problem?"

For understanding and clarification, ask:

- "rephrase" questions

"Is this what you mean...?"

For knowing attitudes ask:

- "reason" questions
- "motive" questions

"Who made you do that?"

"What lead you to...?"

"How did you get that feeling?"

For self-reflection ask:

- "what" questions
- "and then..." questions

"If he does have AIDS, then what?"

"If you sell your land for doctor fees, what will happen to your children?"

To change a way of thinking, ask:

- "reverse" questions
- "what not, if not" questions

"But what if your HIV test is positive?"

"If you don't stay together how will it help the children more than a divorce?"

Questions which threaten people are:

- "accusation" questions
- "assumption" questions

"How long have you been moving around?" "What did you do that made your spouse want to move around?"

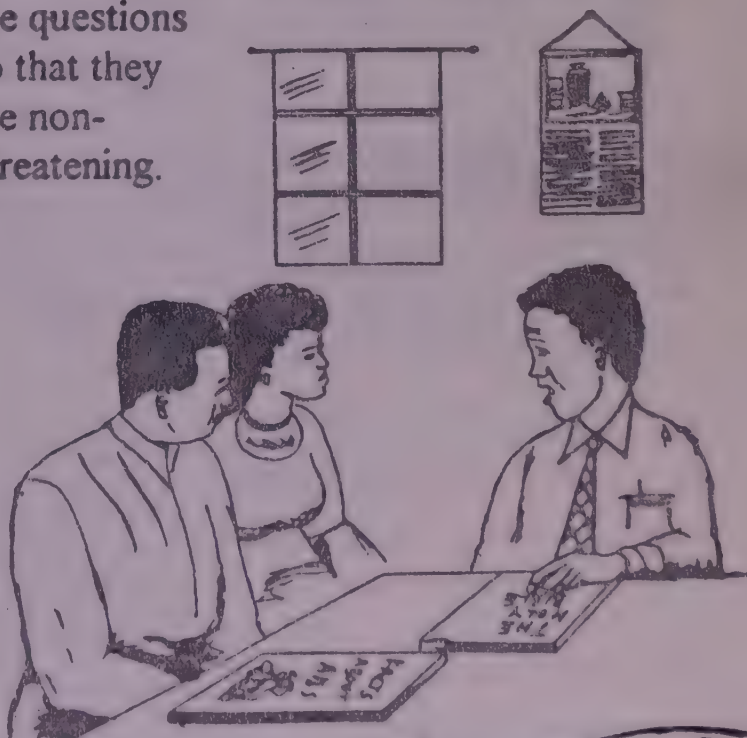
While we usually want to avoid threatening the counselee, questions must be challenging to help him face his own situation realistically. "What do you think would have been the better answer to give your spouse?", or "What answer do you think God would be happy with?" are the kinds of questions that force a counselee to challenge himself with better responses.

☐ Who? What? Where? How? When? And then...? questions are usually not hard questions to answer. Think about how *you feel* when someone asks you these kinds of questions.

☐ Choose a case study and write questions you might ask the person if you were the counselor. Compare your list to the list above. Can you add any, or would you change any questions?

☐ Listen to someone you think is a good communicator and counselor. Write down the questions they ask in informal settings. Based on the descriptions above, decide what kind of questions they asked.

☐ With two other people, make a list of questions that would probably be threatening to a client who came because a spouse was HIV positive. Now re-write the questions so that they are non-threatening.



for further study...

Compare Genesis 3:1-7 with Genesis 3:8-15;

Read and study John 4; John 21.



helping a counselee make an action plan

After a problem is understood, an action plan must be made. Changing behaviour is one of the goals of counseling. An action plan is like a railway track: it will keep the client and counselor moving toward the agreed place. Many different stations or stages must be passed in order to reach the final destination. Our plan must include the many stages, the rails, and the cross-ties that connect them all. A person's actions and feelings are also like a railway track. The cross-ties are first laid and then the rails attached, not the other way around. In counseling, right actions must be done first, and the feelings will come after.

A counselee often will not stop a harmful behaviour simply because he thinks it is too late or will not succeed. The Bible tells us to do certain actions no matter what we feel. When we do what God says, we will experience His peace, joy, and the other fruit of His Spirit. Every act of obedience brings a blessing of its own.

Based on the "hand" model of problem understanding (page 19), an action plan should begin with the problem as it is first talked about in one of the material "finger" areas. Then the spiritual roots of that problem can be identified. When the spiritual roots are identified, action steps that touch all of the other areas can be made.

It is best when the counselee is involved in making the action plan. Help them make a small chart like this. (If they cannot write well, then help them think through the answers without writing.)

For each "finger" there ought to be:

- something to do,
- something to learn,
- an action related to family or community,
- some emotion that needs to be changed,
- some decision to be made,
- a physical step (for example, making a change in one's daily schedule).

When an action plan is completed by listing the things that can be done (the counselor may need to help the client figure out what can be done), then it is good to ask how they feel about it. Are there fears? Are they doubtful? Are they confident? Perhaps they are not really willing to take the action needed.

Clearly stating a problem and a possible solution helps a person to identify how he is feeling and reacting to the problem. Clear statements help the counselor and counselee to claim God's help and strength.

It might be that a solution has been tried but has not been successful. It is necessary to discover why it was not successful. Does it need more time? A different attitude? A different approach? Was it a poor solution?

- ☐ Practice making action plans. Remember that one step leads to the next. Do not try to take an entire journey in one step.
- ☐ Make an action plan for one of the case studies with a small group. Take turns saying how you might respond to it if you were the counselee. Let the others role-play the counselor's part.

My problems	What I will do	When I will do it

for further study...

Nehemiah 2-3:8; Matthew 25:14-27; Luke 10:25-37

Be careful how you give advice.

Counseling is not telling people what to do, but helping them to find God's solutions.

In the Old Testament times people often sought the prophets for their advice. Saul even went to Samuel to find out where his missing donkeys were. In those times most people could not read, and the Word of God was not written in personal-sized books. Even in the New Testament times, when many more people could read, the Bible was not available to ordinary people. If people were to know God's will and direction for their lives, they had to ask a priest.

Today many people cannot read the Bible, even though they might have one. People who can read often do not read the Bible very much nor do they expect that it will give them helpful answers for everyday problems. Some think that they need to go to a prophet to know God's will, even when it is written down in the Bible.

The biggest help a pastoral counselor can give people is to help them find and understand God's direction for their lives in the Bible. God does speak to the problems of AIDS and to every other need for living. If the pastoral counselor is to give God's good advice, he/she must know what God says, and where to find it in the Bible.

The problems that AIDS created in our society are the same old problems that mankind has struggled with throughout time. Because the problems are not new, the counselee needs to know that others share their needs and have experienced hope and help.

Below is an outline of the basic needs of a family with AIDS.

Physical: medicine, proper food, work, finances, shelter, and exercise.

Mental: understanding about AIDS, how to plan for finances, how to live godly lives,

how to have good relationships with people, how to approach problems, etc.

Social: fellowship, a mediator to help with reconciliation, acceptance.

Emotional: love, encouragement, hope, forgiveness, purpose for life.

Decisions: decision to follow God's plan for sexuality, for finances, for personal and family relationships, for faithfulness or abstinence.

Spiritual: reconciliation with God, obedience, hope, repentance, forgiveness.

All of these needs have spiritual roots. The Bible deals with those roots. The counselor's job is to help the counselee:

1. see the love of God in Jesus,
2. understand how God expects us to live,
3. be able to solve their own family and personal problems. (When a person is able, they still have to be willing!)

- ☐ Look through the list of Bible passages at the end of this manual. What relevant subjects are not included?
- ☐ Begin making a list of those subjects and then look for Scriptures that speak to the need.
- ☐ Evaluate how you give advice. Do you help a person find and know God's advice in the Bible or simply make your own suggestions?
- ☐ Learn to use a Bible concordance. Find out who has one that you could use if you do not own one.
- ☐ Make your own list or file of Bible passages that answer questions about various topics, or that would be helpful for counselees to study or memorize.

for further study...

Psalm 73:23-25; 111:10; 119; 143:10; Isaiah 42:16; Matthew 7:7; Luke 1:79; Luke 18:1; John 16:13; Romans 8:26,27; James 1:5, 22-25

giving encouragement

Encouragement is often the most important motivator for changing behaviour or sticking through a difficult situation.

Encouragement comes in several ways:

- when we have hope that a situation will improve or that we will be able to cope,
- when we achieve goals that we have set,
- when we see physical evidence of change.

The Bible gives many examples of encouragement. Barnabas was called "the encourager" because he helped others. Thomas would not be "encouraged" or believe until he put his fingers in the nail-holes. Elijah was encouraged when he had eaten and had heard the still, small voice.

The counselor must not think that he alone must bring encouragement to a person. Other people who may be "encouragers" are:

- family members
- friends at work
- friends at church
- people who are helping with various needs (like the doctor, nurses)
- people and families affected by AIDS

In order for all these people to be encouragers, they will need to know how to help, and what the counselee is dealing with. The counselee should be encouraged to share part of their action plan with others that they can trust. Asking others to pray for them and help them is good, and it binds them to their family and community.

Different situations call for different kinds of encouragement. The person who is trying to change wrong behaviour needs to find his encouragement from people who are living rightly and following the Bible.

This kind of situation includes the husband who may be used to moving around with different women or going to bars. He needs to find new friends. Will the pastoral counselor help him find new things to do and the right people to be with? Remember that it is not just a prayer meeting that such a person needs, but also good, wholesome relationships and activities.

The second kind of situation that calls for special encouragement is the person who may be doing the right things, but does not see good results. This person may be tempted to stop doing the right things. They need to be encouraged to keep on. People in this kind of situation are often the innocent victims of AIDS. They may feel that their faithfulness was unrewarded. Helping such a person to persevere is one way that God gives His hope (Romans 5:4,5). Who can you identify in the congregation that God could use to be such an encourager?

- ☐ Identify people in your congregation whom you could train and help to be "encouragers" for those who need to persevere.
- ☐ Plan an "encourager" seminar for your church. Make some exercises that small groups could do to practice encouragement.



for further study...

Exodus 14:13; Isaiah 41:10-13, 43:1,2; Matthew 14:26;
Acts 27:22; Revelation 1:17,18

Gladys was a 23-year-old woman who was born in the city. Her parents died in a road accident when she was ten. There were two children in the family, and her relatives decided to separate the children. So Gladys lived with one grandmother while her brother lived with the other grandmother.

But she found it very difficult to live up-country, where she struggled with the language that was said to be her mother tongue. At 15 she ran away to the city and eventually became a prostitute in order to survive.

While she was involved in the sex trade, she met a foreigner who said he loved her and she moved to a coastal city in order to live with him. But after a few months he left the country. She found out that she had AIDS when discovered she was pregnant. The baby that was born soon after did not seem to be infected.

When Gladys came to see me, she was very sick and said, "I have been living in the city, but my real home is up-country. I just need some money so that I can return home and die."

- ☐ What are the needs that Gladys might have?
- ☐ What questions will you ask to find out those needs?
- ☐ What are the resources that Gladys has?
- ☐ What can she do?
- ☐ How can she care for her child?
- ☐ What relationships might need restoration and how?
- ☐ What will happen when she re-enters rural society?
- ☐ How is she dealing with her disease?

establishing trust

Trust is acting on the confidence that someone is able and willing to help. Without trust in the counselor, the counseling session will not be effective. If a client does not have other trusting relationships, his problems probably will not change. As a counselor you have the opportunity to model trust.

Trust is often not difficult to establish, but it is easily broken and difficult to repair. If a person has had many experiences of broken trust, then it will be difficult for him to establish trust again. Trust is based on experiences, fears, and expectations. It grows or shrinks, step by step.

It is easier for me to trust you when:

- you believe what I say,
- you listen to me,
- you are objective,
- you appreciate me,
- you keep confidences,
- you help me,
- you respect me,
- you believe in my ability to change.

Establishing a trusting relationship with a person is usually not difficult in a pastoral counseling setting. It is usually assumed that if a person comes with a problem, they already have some trust in you. But initial trust is quite fragile. It is important to quickly communicate some of the above messages.

One of the first things a counselor can do to establish trust and set the counselee at ease is to let them know that what they say

will be kept in strictest confidence unless something that is revealed would harm them or someone else. Because an HIV+ person can bring deadly harm to others, it will be necessary eventually to ask the HIV+ counselee two questions.

- "Who needs to know that you are HIV+?"
- "When and how will they be told?"

The information does need to be told, and the counselee is the one to decide how and when the telling will happen. Often this is very difficult and it may take quite a long time to help the counselee understand his or her responsibility. *If they refuse to tell the affected person(s), then the counselor must explore alternatives with them or end the counseling relationship.*

Establishing trust while still maintaining the counselor's responsibility for the safety of others may require:

- giving the counselee time to think and decide;
- asking for a plan about who will be told;
- making it clear that the counseling role is one of helping, not opposing;
- setting the boundaries of the counseling relationship.

Just talking about trust does not guarantee its presence, any more than talking about a garden will yield fruit. Trust is established, earned and kept by actions that support one's positive expectations. It is broken by actions or attitudes that support one's fears.

for further study...

How did the prophet Nathan deal with David? (2 Samuel 12)
How did Jesus deal with the Samaritan Woman? (John 4)

establishing trust

The qualities that a counselor must show to a person struggling with HIV/AIDS so that they can have trust are:

- *competence*, because they feel hopeless and need someone that can really help;
- *confidentiality*, because they feel ashamed or trapped by people's response;
- *respect*, because they often feel that they will be judged unworthy of any respect since they have "caught" the disease.

☐ List some specific ways that you can show these qualities within the first few minutes of your counseling session.

☐ How can you help the counselee know that they are unique and worthy of your time and attention?

☐ Think of a person that you trust. Write some things they have done or said that have built your trust.

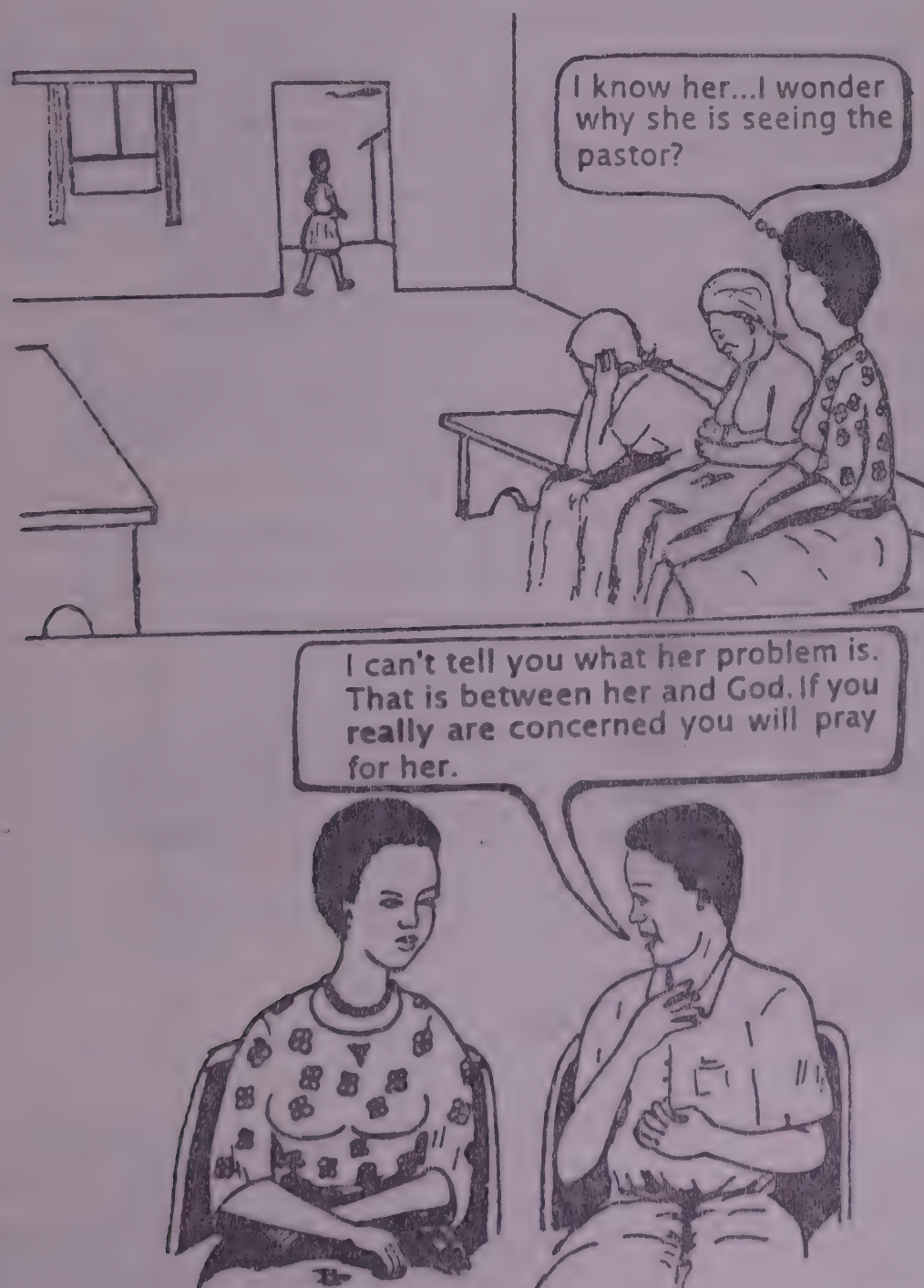
☐ Think of a person that you do not trust. What have they said or done that causes you not to trust them?

☐ What can a husband do to rebuild his wife's trust when he is HIV+ due to unfaithfulness?

☐ What can a pastor do to rebuild trust when he has broken confidentiality or has been seen abusing a fellow leader?

☐ How do you know when someone trusts you?

☐ Is it important for your counselee to know your credentials? If you have not had counseling training in AIDS, what can you say that will be sincere and gain their trust?



keeping records

To make a mistake is human. To forget is human also. If you do not keep records, then you will probably forget some important details. Good counseling requires follow-up, and the details of assignments or problems or resources must be followed up.

What kind of records you keep depends upon the kind of counseling you do. If you are a friend counseling a friend, then you may not keep any records except a note somewhere in your diary about the things you are praying for. But if you are a part of a counseling program in a church, you need to keep records.

Below are some simple guidelines for counseling records.

- Confidentiality is important. Keep your counseling files separate from other information files. Keep counseling files in a place that only you have access to.
- A name/number code is often the best way to keep confidentiality. In one file keep a record of the identifying names that a counselee uses. Assign each person a number and record that number with the name. The actual counseling file should be kept in a different place than the name-number key. Each counselee should have a file that is known by its number. Nowhere in the counseling session notes should you write full names.
- Do not take extensive notes while in a counseling session. It destroys trust and confidentiality if the counselee thinks that you are recording every detail he says.
- Do write more extensive notes after the session, being sure to record the problems, resources, and action plan.
- Include a permission form signed by the counselee. It should give you permission to share the information with people that the counselee agrees to.

Following is a suggested sample card for keeping records. If you use 3x5 inch file-cards it will be easy to keep them in alphabetical order.

names	
tel. number (if any)	
P.O. Box	
location	
counseling number	
dates counseled	

The counseling session notes are best kept on note paper and might look like this:

		Number 023
Date	Issues	Homework/action
2/9/94	found out he was HIV +	decide who needs to know
	Has not told wife	2 weeks to tell
	Boss angry about lost work time	Identify a mediator

- ☐ What information do you think you need to know and remember?
- ☐ Make some record forms for your own use.
- ☐ Decide where you will keep your records.

for further study...

In Joshua 22; Ezra 5; Acts 21:19-20; and Acts 15:21-31, study the use of records. What are the different kinds of records, and how are they used to help God's people?

Identifying problems

When someone comes to you with a problem, it means one of two things:

1. they do not know what to do, the problem is too complicated for them to solve alone, they need teaching and help to understand their options; or
2. they want another opinion (usually like theirs) to encourage them in the action they want to take.

If you begin by listening and asking questions, you will usually learn why they came. If their problem is too complicated, they need help to analyze it. Or if they want you to agree with their decisions and you know that their decisions are not wise or biblical, then you will have to help them understand things in a new way.

But sometimes the pastoral counselor is the one who needs to seek out the client. For example, you may hear about extended sickness in a family and they have stopped attending church services. In such a case the person may not believe that they have a problem, or may not want to talk about it.

In any situation, you will need to analyze the problem as you see it. The steps are few, but important.

1. Listen. Use the "listening levels" from the chapter on listening to make sure you have understood.
2. Understand. Make sure that you understand *who* is involved, and *what is the problem perceived* by those people.
3. Divide the problem into its parts.

Although man is a whole person, a problem will have many different parts. It will help you to think of man as basically spiritual (the part that is made in God's image) and material (the part that you can see, touch and experience.)

The five fingers of our hand are each connected to our palm. It is the muscles in the palm that support and control the fingers. In man, it is the spiritual that controls the material. Like the hand, we will find a spiritual "palm" that affects every problem "finger".



In this diagram of the hand you can see the different parts of a person's life. AIDS touches all parts of a person. All the "problems" or needs have spiritual roots.

To understand the problem, the counselor will need to ask:

1. What fact or information does the person need to know? (mental)
 2. What are the family and community needs? (social)
 3. What are the emotional needs? (love, anger, confusion, denial)
 4. What choices need to be made? What should be decided and accomplished? (using the will to make decisions)
 5. What are the physical needs (food, medical care, living assistance)?
 6. What relationship does this person have with Jesus Christ? (spiritual)
- ☐ Based on the diagram above, what are the needs of Gladys (case study, p. 14)?
- ☐ Think about one of your own problems that you have found answers to. How did the solution involve all six areas of your life (the five-finger "material" part of you as well as the spiritual part)?

for further study...

Genesis 1:27; Ephesians 4:21-25; Matthew 22:34-40;
Luke 18:18-30; Luke 19:1-9

Hope for the client and his or her family is one of the main objectives of counseling. We want them to have hope so that their lives will be productive, useful and healthy. It is hope that God gives to those who come in repentance and faith to be reconciled with him. It is hope that keeps a person going when he would normally be defeated. Hope is spiritual, it is not something you can touch. But like the wind, you can definitely know when it is there. Hope can come from something given or said, but healing hope comes from *someone...Jesus Christ!*

Hope needs to be given to a client soon after you begin the session and have understood some of his/her needs. If the counselee is HIV+, you give hope the best by taking their problems seriously. The counselee needs to understand and feel the seriousness of their condition and its impact upon others. Taking responsibility for themselves is an important part of having hope.

Often counselors want a person to have hope so much that they let them believe things that are not true, or actually tell them things that are not true. *Real hope is telling truth that heals the soul.*

As a counselor, it is important to know the difference between true hope and false hope. *False hope is leading a person to believe what might not be true.* Some Christians want to give hope by telling a person that if they believe God enough, then whatever they want will happen. It would be wonderful if we could pray and lay hands on everyone with AIDS and see them healed! But even Jesus did not heal everyone. If Jesus had wanted to, he might

have said to all sickness "BE STILL and be healed", just like he spoke to the wind and the waves. Death and sickness, like weeds or pain in childbirth, are consequences of the curse of sin. When Jesus returned to Heaven, he left sickness with us. Only when we arrive in Heaven will we experience the end of tears, sickness and death. For sure AIDS makes us look to Him!

God's true hope and promises for families with AIDS are that He will be with them, He will comfort them, He will strengthen them, He will provide for them, and He will heal them. But those promises are not that He will provide everything they want, or heal every disease they want, or make them so strong that the AIDS virus cannot make them sick. So far, there is no

properly documented case of AIDS that has been healed. God *can* heal, but it gives false hope to say that He *will*. He will help us live and die in Him. He will give grace for every need. Be sure that your counselee finds his true hope in a living relationship with Christ.

Some of the things that give hope are:

- the promises of strength and help in Christ,
- purpose for the life or lives that remain,
- family and friends,
- healing of relationships,
- eternal life in Christ,
- healthy living (even with sickness).

☐ Read what the Bible promises in First Corinthians 10:13 and Psalm 37 and write out a false hope that could be given. Then write out what is the true hope.

☐ Read one of the case studies and see if you can identify some of God's promises that would give the person true hope.



for further study...

Jeremiah 6:14, 8:11; Hebrews 6:11-19; 1 Peter 1:13-16

case study: Rachel

Rachel was a 30-year-old lady who came to the clinic with a baby who was about eight months old, but too small for the age. When Rachel was worried about the baby's slow growth and asked for treatment, the doctor tested Rachel's blood and found her to be HIV+. Rachel received counseling, but still denied that she was HIV+.

In the next few months Rachel developed a sexually transmitted disease and was treated. She also lost her job and soon found it so difficult to manage that she decided to give the baby back to the father so that she could just take care of herself.

She managed to find another husband and began to feel more healthy. She gained weight. A year later she was in the hospital for treatment of typhoid and met the counselor who told her she was HIV+. She was angry with the counselor for giving her false information because the baby now seemed healthy, and she too, had gained weight.

"I am sorry that you are angry with me, Rachel," the counselor told her "I understand that because you and the baby are not weak today you think I gave you the wrong diagnosis. Please remember that I only gave you the results of a test. Those results did not mean that you would get sick and die immediately. It only tells us that the virus is waiting in your blood and will not go away."

A year later Rachel again met the counselor. This time Rachel was very thin and feeling sick and miserable.

"Oh, Rachel, I am happy to see you again, even though you are not feeling well. If I can help by talking with you, I want to. Shall we talk now? Or shall I come back tomorrow?"

- ☐ How was Rachel dealing with her condition?
- ☐ What would you tell her or ask her to help her deal with her HIV+ status in a better way?
- ☐ Who else needs to know about her condition?
- ☐ If you were the counselor, how would you have tried to give Rachel hope in the first session? How might it have changed her?
- ☐ What does she need to face as she prepares for death?
- ☐ What behaviour changes were needed?

loss and grief

When a person suspects that someone he loves, or he himself, is HIV+, he begins a process of grief. He knows that death will soon overcome him or the one he loves. People often have several responses to their grief. They may go from one response to another and sometimes repeat a certain response. The normal responses to grief are these:

Denial In this stage, a person may seem to not know or understand what has happened. He carries on as if nothing were new. Or a man might blame his wife for giving him AIDS even though he knows he has been moving around.

Anger In this stage, a person often speaks or shows his anger against God, against others or against himself for what is happening to him. If he does not understand this stage, he might be very unreasonable in his bitterness. Sometimes an angry young person with AIDS might decide that he will infect as many people as he can before he dies!

Bargaining In this stage the person will often try to bargain something he has or can do so that he can ease his grief. A wife may bargain with her infected husband that if he will not move around anymore, then she will not insist on his using a condom. Often an infected person thinks that by becoming religious, God will grant him a longer life.

Depression In this stage the person might not see any hope or purpose for life. He or she might wish he were dead. He might feel as if he can not do even simple things for himself. An infected mother might stop caring for her family or an infected father

might suddenly quit work.

Acceptance In this stage the person is able to talk about his problems with more people. He is able to see things he can do to help themselves. But if he does not have a good plan for dealing with his problems, he may easily go back to an earlier stage of denial, anger or depression.

☐ Take a few minutes to think back to a loss or grief you have had. Identify those stages you yourself went through.

Knowing what stage a person is in is like telling time without a clock. At least you know the difference between morning and evening, and perhaps you can tell when it is ten o'clock in the morning. You can plan to do different things depending upon which time of day it is.

In counseling you must know the "time" or response stage that the counselee is in. If they are denying, you will need to help them see things as they really are. If they are angry, you may only be able to tell them that you understand they are angry and why they are angry. They need to recognize and agree that they are angry before they can live positively. Once they recognize their anger, a person may quickly begin bargaining or become depressed. In fact, they may go back and forth between different reactions. Your job is to help them see that these

responses are normal and human, but are not helpful. They can begin to live positively by doing what they can to restore relationships and to help others as long as they are able.

- ☐ Think about the case of Rachel. What clues can you find that show the stages she went through?
- ☐ How can you help a person when he is angry or denying he is HIV+?



For further study...

Genesis 42:35-38; Ruth 1:16-21; 2 Samuel 19:1-8; John 11:32-37; Isaiah 53:3-6

AIDS. curse or punishment?

Many people think that AIDS is a curse, and so there is nothing a person can do to cause it or prevent it. Some Christians think that AIDS is a punishment from God, and so it is better not to do anything about it since it is God's doing. People have very strong opinions about this issue. It is necessary for a counselor to have clear answers and responses. A good counselor knows that strongly-held opinions are best met with questions. Below are examples of some questions to ask.

- ? The Bible says that God does and will punish sin. *But where does it say that a certain disease is the punishment of a certain sin?* The disciples thought that a man who was blind must have been blind because of a certain sin (John 9) but Jesus said no!
- ? Leprosy was such a terrible disease in the Bible that the leper was a total outcast of society. *Was leprosy the punishment for a specific sin?*
- ? *Can we assume that a person with a certain disease must be guilty of a certain sin? Was the woman with constant bleeding guilty of certain sin?*
- ? *Even if AIDS were a certain punishment for a certain sin, would it mean that we should avoid or stigmatize such a person?*
- ? *Does God judge only the sin of unfaithful sex outside marriage?*
- ? *What did Jesus say to the woman who was brought to him that was proven to be in adultery? (John 8)*

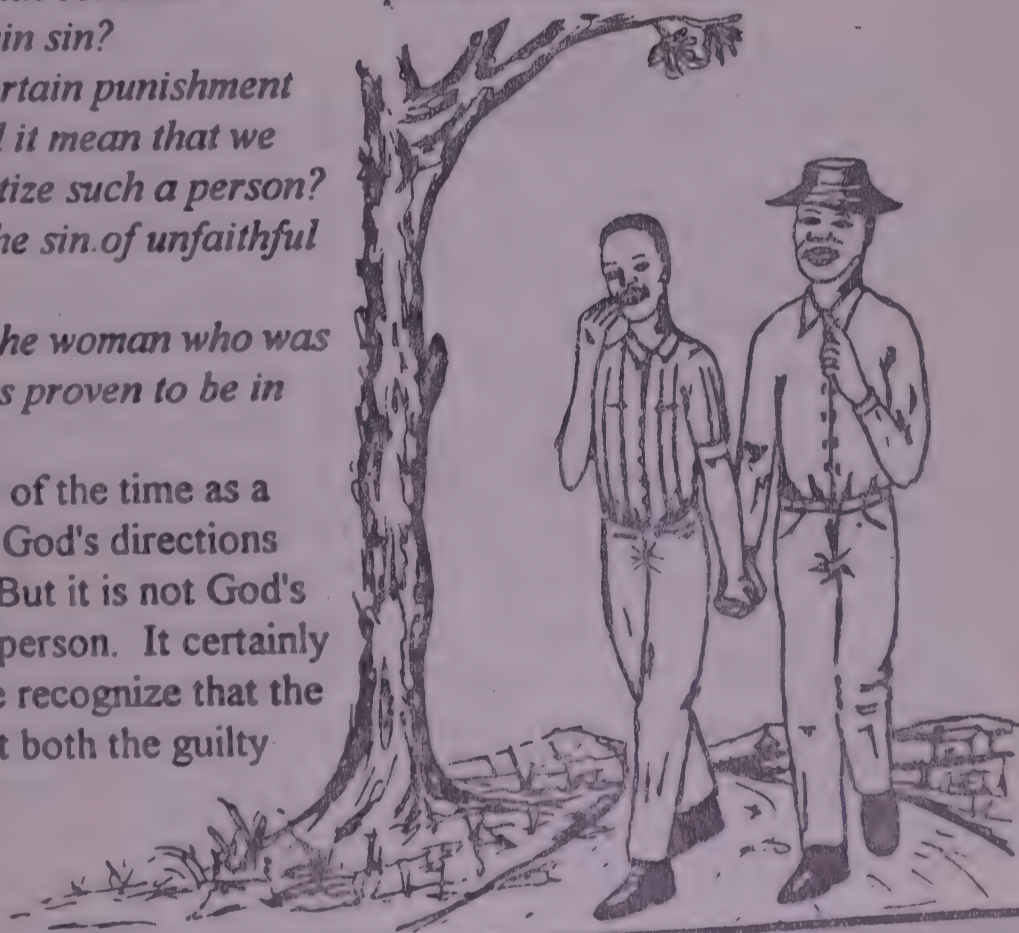
AIDS is spread most of the time as a result of failing to follow God's directions for sexual relationships. But it is not God's judgment on a particular person. It certainly helps us see this when we recognize that the results of sexual sin affect both the guilty and the innocent!

? *Does a traditional curse require that blood or sexual fluid be passed from one person to another?*

? *If there is a traditional way for a traditional curse to be removed, why don't those ways work with AIDS?*

It's true that there are some ways in which the spread of AIDS is like a curse. Both are given personally. Like a curse, one usually gets or gives AIDS when there is a bad relationship (or a sinful relationship in God's eyes). In fact, when we spoil God's purpose for sexual relations, we may be hurting even people we have never met. We can also hurt our own unborn children. By not obeying God's plan for sexuality the virus is personally passed to many other people.

- ☐ Why do you think people want to believe that AIDS is a curse?
- ☐ What is wrong with the attitude that a person with AIDS deserves his punishment?
- ☐ What do you believe about sin, punishment, and AIDS?



For further study...

John 8:1-11; Psalm 92:6,7; 1 Corinthians 4:5; Matthew 5:27,28;
James 4:7-12

In cultures where group values are important, alienating someone has two serious effects:

1. It pushes a person or family out of the community that might help them.
2. It is a sin against God's law of love.

Alienation is an attitude that makes a person insignificant, undesirable or unworthy of friendship or association. Alienation is also what happens when a person decides that he will no longer associate with his friends or group. This often occurs with HIV/AIDS affected people because they fear the response of others.

What are the reasons or thoughts that cause one person to alienate another?

1. If I publicly associate with a person, I will be thought to be agreeing with his actions. If I think that someone's life-style has caused him to get AIDS, then I don't want to associate with him.
2. This evil which has come to a family or individual will come to me too, if I associate with them.
3. People feel anger and condemnation when a person is seen to have brought an evil to a society.
4. Sometimes the fear of what other people might say or think causes a person to separate himself.

As a counselor, it is your job to find a way to reconcile people and to keep informal alienation from happening. In many cultures, there is a way of "cleansing" or reconciling that involves both words and actions. Usually there is a public side as well as a private side to the process.

Often the only way to connect an "outcast" with others is by identifying a "bridge" person. A bridge person is one who can help a larger group of people be willing to associate with someone.

A good "bridge" person becomes a champion for that person. It does not mean

that they approve of their conduct or choices. It does mean that they are able to see them as individuals of real value whom God created in his own image and wants to restore. Often an uninfected person with an HIV+ family member needs a bridge person to help them overcome a feeling of alienation.

A church grows and is effective in bringing people to Christ when there are people who are good "bridges". A church that reaches out is a church that has people who share their own struggles and know the needs and problems of others. If there is continued sinful behaviour, church discipline may be needed. Church discipline, however, is not alienation. The purpose of church discipline is to bring repentance and restoration. *Jesus is the bridge that brings us close to God, and removes the alienation of sin.*

- ☐ Write down how you can recognize when someone is being alienated or feels he is alienated.
- ☐ How could your congregation help restore fellowship to someone who might be alienated?
- ☐ What can you do to keep people from fearing the words of other members?
- ☐ Did Jesus avoid "tax-gatherers and sinners" because they might spoil his reputation? (Matthew 9:9-12)
- ☐ What did the Pharisees think of him?
- ☐ What did others think of him?
- ☐ Did his action make it easier or harder for people to hear and respond to his message?
- ☐ Who was the "bridge" with the Samaritan woman at the well? (John 4)
- ☐ Why was the woman in Matthew 15:21-18 an "outcast"?

For further study...

Isaiah 61:1,2 ; Matthew 5:43-47; 18:16-18; 25:35; Luke 4:18; Titus 2:11-14

having purpose and meaning

One of the great needs that a person with HIV/AIDS has is a sense of purpose and meaning in life. When a person is in the phase or stage of depression, it is often because they have no hope and no meaning. The pastoral counselor is able to offer both. *"You can have hope! You can have meaning!"* are words that the counselor can speak with confidence.

Many people have made their greatest contribution to society when they came to accept their condition with HIV/AIDS and reach out to help others. People who have come to receive forgiveness and find their new purpose in Christ are likely to be the greatest resources for counseling families with AIDS.

It is not good to push people to make an emotional decision to be religious simply because they recognize that their lives will be shorter than they might have been. However, it is because of that known shortness of life that many people may come to a decision, to make the most of the time that they do have.

Because of the way that AIDS progressively disables the sufferer, the counselor should remember that:

- Purpose and meaning will come as the person focuses on changing themselves and giving to others,
- It is best to recommend focused and specific activities,
- Recommend activities that are flexible in time and energy requirements,
- Meaning and purpose is greatest when a person is doing something that will last,
- AIDS is usually gotten or passed because of destructive relationships. Creating and maintaining good relationships gives purpose,
- The discouragement of seeing a body waste away is helped the most by faith in God's transforming love that is made

perfect in human weakness.

Those that need to have help in discovering purpose for their lives are:

- people with AIDS/HIV,
- spouses (infected and affected),
- children,
- family members (parents and siblings).

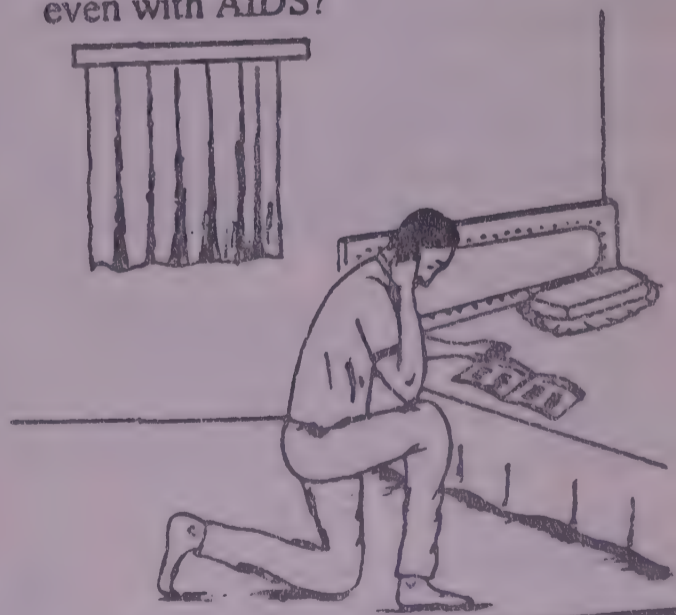
Purpose comes when I understand:

- who I am (in my physical and spiritual family),
- to whom I belong (myself or Christ?),
- what my accomplishments are,
- how I will be remembered.

The committed Christian can say, "I am a child of the King; I belong to Him. Whatever I do can honour Him. I can be remembered as one who lived by His strength."

Often the HIV infected person thinks of himself as useless, rejected by friends and even family, having accomplished nothing, and being remembered only as someone unfaithful or immoral.

- ☐ What gives you meaning and purpose in life?
- ☐ What kinds of things can an HIV infected person do to increase his/her sense of usefulness?
- ☐ What examples do you know of people who have had great meaning in their lives even with AIDS?



for further study...

Romans 8:12-17; 2 Corinthians 4:7-12; Philippians 4:11;
Colossians 3:1-5

confidentiality

Confidentiality means keeping the situation of a person's life private. In pastoral counseling this is very important, and often very difficult.

Why is it difficult?

- Usually the client is someone from within the congregation. They may be known to the church secretary and church elders.
- Other church leaders may believe that a problem has to be shared with them.
- Problems in their personal or family life may be quickly spread around the church.

Keeping confidence is important because:

- Clients may be afraid to return if they believe that their affairs will be widely known.
- A client's job and means of income might be at risk if people knew his problems.
- Bad news has a way of being exaggerated even beyond what is true.

When a person has the HIV virus, it is important that certain people know. These people should know:

- the person infected
- the wife or husband
- the person's parents (if he or she is a young person)
- the present sexual partner(s) so that they can know about their risk and the risk of every future sexual partner
- any past sexual partner(s) so that they know about their risk and how it affects any other sexual partners they have had or will have in the future.

The one responsible to tell these people, is the infected person. They may not know how to tell others, or may fear doing so. It is the counselor's job to help a counselee:

- come to the point where he will take responsibility for his own situation by talking with those that need to know,

- have the confidence to know how to tell others, perhaps by practicing what and how he will tell them,
- overcome the fear and the embarrassment he might have.

Questions that you might ask to get clients to talk with the necessary people are:

1. Who do you think needs to know that you have the virus?
2. Why don't you want to tell them?
3. How do you think you could approach them so that they will listen?
4. What do you think will happen if you don't tell them?

Some counselors have a policy that the people that must know will either be told by the infected person within a certain length of time, or the counselor will tell them.

Requiring the client to do the talking is a good way to help them face reality, but they might still be in a denial or angry stage and be unwilling. How will you protect the lives of those that may be in significant risk if they are not told? Every day you wait another person in the chain might be infected.

- ☐ Make a list of those people who, in your culture, ought to know about an individual's infection with AIDS.
- ☐ If you have not developed a policy on confidentiality for counseling, do so now, and make sure the church leaders know about it.
- ☐ Write a permission form that a client can sign that states who you might share information with. The form gives you clear permission, and helps the counselee to think more clearly about the people that need to know.

For further study...

Exodus 20:13,14; Luke 11:27; Ephesians 4:15,16;

understanding risk

Risk is the measure or amount of danger that we are in. Everything we do involves some danger, so we can never completely avoid it. Some things we do are much more risky than others. Crossing a small street *might be* dangerous. Crossing a street in the capital city *is* dangerous. Crossing the street without first looking is *much more dangerous*. Crossing the street blindfolded would probably mean injury. With HIV and AIDS, there are things that one can do which are not very risky if one takes a little care. But some other things are almost certain death.

Because you will counsel families that care for AIDS patients, it is important that you and they understand what is dangerous, and what is not.

Activities with high risk

- Sexual intercourse with a person who has HIV, or whose status is unknown.
- Polygamy and spouse-inheritance where one party may be infected or whose HIV status is unknown.
- Traditional scarring, skin piercing or circumcision with unsterilized instruments.
- Using an unsterilized injection needle.
- Blood transfusions which have not been tested for HIV.

Activities with some risk

- Using a condom during sexual intercourse with a person who has HIV.
- Helping deliver an infected mother during childbirth without gloves.
- Health care workers caring for a patient without using universal precautions. (see understanding the terms, page 51).
 - Breast feeding an infant from an HIV+ mother. (Breast milk may transmit HIV, but the risk of an infant dying without breast milk is greater than the HIV risk).

Health experts recommend breast feeding all infants in Africa.

- Home care givers directly exposed to fresh blood from an HIV+ person.

Activities which have no risk

- Sexual intercourse between a husband and wife who remain faithful to each other.
- Abstaining from sexual contact with an HIV+ person.
- Shaking hands and casual contact.
- Washing up.
- Feeding, and caring for an HIV+ patient (if there is no contact with blood).
- Lip kissing if there are no mouth sores.
- Hugging.

There are things that a person can do to lower the level of danger for any of these activities. Some suggestions are:

- ✓ During sexual intercourse a condom should be used properly every time there is penetration if either partner is infected or suspected. Improperly used condoms are the reason that intercourse even with a condom is dangerous.
- ✓ During foreplay, care should be taken not to touch sexual fluids or blood if any body part has open sores or cuts.
- ✓ An HIV/AIDS patient can be safely cared for using gloves or a plastic bag to cover your hands.
- ✓ A solution of 1-part bleach in 10-parts of water is strong enough to clean household items with blood contact.
- ✓ Use a rubber glove or even a plastic bag to cover your hand if you are assisting someone with a bleeding wound from an accident.
- ☐ How "safe" are you? Prepare an "AIDS-kit" for your home, office, or car. Include two good plastic bags for your hands and a small film container of bleach.



The AIDS epidemic has come upon the world primarily because we have left God's plan for sexuality. The church and the pastoral counselor must teach people about God's view of sexuality.

Sexuality is not the same as a sexual act. Sexuality is the way God made humanity. He made us male and female, creating woman from the body of the man. That was a different act of creation than God did with the animals. Our human sexuality is holy and special to God.

Teaching about sexuality includes:

- the roles of husband and wife, man and woman,
- the attitudes and relationships that we should have toward one another,
- the relationship of men to women, and women to men (not just husband and wife),
- sexuality as a reflection of Christ and the church.

Human sexuality is a reflection of Christ and the church. The church is called the bride of Christ, and is to obey and submit to Him in all things. Christ loved the church, His bride, so much that he gave His own life. What the church does and teaches regarding sexuality should be a model of this special relationship.

The Bible teaches that sexual acts are to show the deeper unity of spirit between a husband and wife. The Bible says that we are not our own; Christ bought us with a price. Our bodies do not belong to us either. They belong to our life-mate. We must teach people and help people to remain pure and faithful to God's plan.

The attitude that we should have is one that considers the other person more important than we are. This is especially true in the sexual relationship between a

husband and wife. Honouring the other person is commanded of both husband and wife. The husband is to truly love his wife (like Christ loved the church) and the wife is to obey her husband. Both are to submit to each other.

The pattern of men and women in marriage is a similar pattern for men and women who are not married, except that there is no covenant bond between them. They are not to be one flesh. But there is to be a mutual respect and appreciation for the way God created the other person.

Each culture must find the appropriate application of God's truth to its own traditions. The traditional time for teaching about sexuality in many African cultures was at circumcision. The church has mostly condemned the circumcision rites because it was seen as a "pagan ritual". But some good things were accomplished in these rituals, and the church has usually not found replacements. When does the church ever teach youth about sexuality? How do we use the older generation to teach the younger? These are things the Bible says we should do.

- ☐ What are your cultural traditions that teach sexuality? Write them down and then write how they can compliment or be improved by the Bible.
- ☐ Plan a seminar your congregation could have for boys or girls that would help them learn about their changing bodies, relations with the opposite sex, and future roles in society.
- ☐ Identify the people in your congregation who could be resources for teaching and good examples for helping in such a seminar for youth.

for further study...

Ephesians 5:21-33; Romans 12:9-11; Philippians 2:3,4;
Colossians 3:18,19; Titus 2:4,5; 1 John 4:7,8

talking about sexual issues

Talking about sex in the church is very difficult because church leaders have not done it before, and sometimes they believe that a holy place should not be made unholy by such talk.

But sex was God's idea, and He talks a great deal about sex in the Bible! The entire book of Song of Solomon is about married love. Chapter 8:3 even suggests a position for love-making. The book of Proverbs gives clear warnings about misusing sexual relationships, and clearly instructs youth about their temptations (Proverbs 5). If the church becomes more involved in helping people to understand their sexuality, there will be fewer problems for intervention.

Why don't we talk about the things God talks about? Here are some of the reasons:

- We have not thought about acceptable words to use for sexual activity or certain body parts.
- We have not set aside times when we will talk about these things.
- We do not make a plan for teaching our youth or parents about good sex.
- Sexual sin is all around us, so we think that if we talk about sex we will encourage sin.

Because AIDS is a disease that is mostly spread through sexual activity, we cannot avoid talking about it. More and more our society is accepting the idea of multiple sex partners outside of marriage.

Here are some suggestions for how your church could begin to talk about these important things:

- ☐ Make a list of all the words or acts that you find difficult to talk about. Ask your

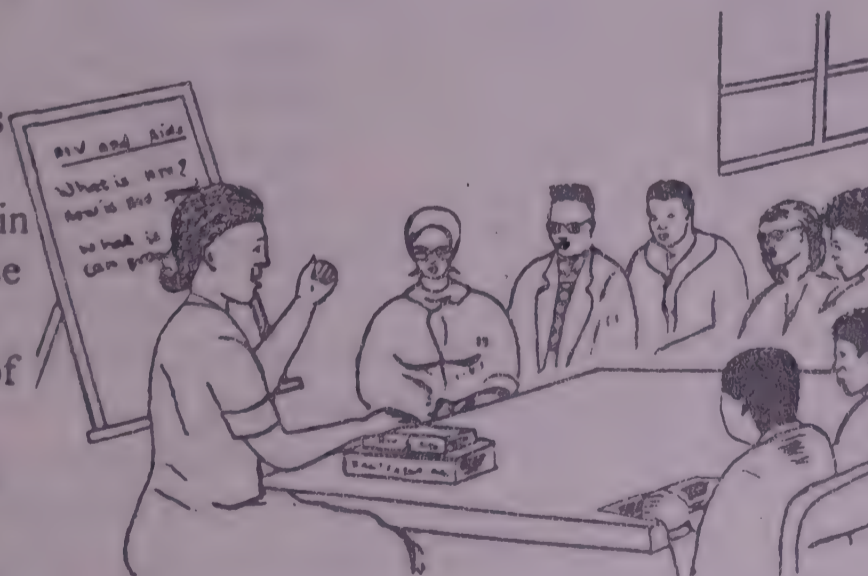
elders to help you find the acceptable words to use.

- ☐ Plan on having a regular (yearly?) time to talk with youth about their body changes, sexual temptations, and healthy sexual experiences. This might be a kind of Christian replacement for traditional circumcision rites.

A "healthy sexual experience" for youth means that they learn how to talk with and respect the opposite sex. They should learn to enjoy the perspectives, roles, and ways of expression that are common to the opposite sex. Physical intimacy is never appropriate for unmarried people. The Bible warns against "awakening love" before it is time (Song of Solomon 8:4).

- ☐ Plan "marriage-enrichment" seminars when married couples can deepen their understanding of each other and have a time to talk about things that they might not otherwise mention.
- ☐ Put up posters that suggest the positive results of marriage faithfulness.
- ☐ Find examples and talk about the healthy marriage relationships in your congregation. Remember that sexuality in marriage includes roles, relationships, and communication, as well as intimacy.

- ☐ List the people you know who could help you think about and plan for these activities.
- ☐ Make a list of the sexual issues that you need to study from the Bible. Begin to make a file on what the Bible says concerning those issues.



help live

for further study...

Genesis 2:18-25; Psalms 119:9,11; Proverbs 5: 1;
1 Corinthians 3:16-19, 7:1-14; 1 Timothy 3:2

protecting a spouse

When a person becomes HIV+ or when it is known that one marriage partner is not faithful, the counselor must help the couple talk about how to keep the infection from spreading to the **un-infected** partner.

Different situations require different approaches to protect a marriage partner. The counselor must decide if:

- The infected partner is infected because of unfaithfulness, or through infected blood.
- Either person is unfaithful.
- There is a bad relationship between the husband and wife that might block protecting an **un-infected** spouse.

If there appears to be unfaithfulness on the part of a spouse, or if one person is already infected, then the **un-infected** spouse must be protected. There are several ways to help protect from infection, but there is no way to be certain of protection. Any method is very difficult if there is a bad relationship between the husband and wife.

If there is good communication and loving consideration, two things can help protect an **un-infected** spouse from getting the virus from their infected spouse. These are in addition to being and remaining faithful.

1. Learn to show and express love without penetrative sexual intercourse.
2. The man must use a condom every single time they do have sexual intercourse.

If there is a bad relationship, probably one will refuse prevention. The counselor will need to begin by helping to restore a good relationship. When there is good reason to suspect that a partner is infected and is not willing to help protect their mate,

then the uninfected spouse might have to refuse sex in order to protect their children from being orphaned by both parents.

It is best when the counselor can talk with both partners about how to protect the **un-infected** spouse. When you talk about the methods, remember these points:

- ✓ Any exchange of sexual fluids is risky.
- ✓ Condoms can be helpful to prevent the exchange of infected sexual fluids if they are used properly and used every single time.
- ✓ Expressing love before penetration is talked about in the Bible (Proverbs 5:19; Song of Songs 4:1-6, etc.). These ways of loving should be encouraged and practiced by the couple.

Do the following activities **before** you need to counsel a couple for protection.

- ☐ Make a file folder called "facts and feelings about condoms". In it put: information, samples, guidelines for correct use, and organizations or people as references.
- ☐ Make a list of the advice that you might give to people who are high-risk for AIDS because of their jobs or life-styles (traveling salesmen, lorry drivers, etc.).
- ☐ Make a list of the advice that you might give to a person whose spouse is HIV+.
- ☐ Visit a hospital or family planning center and get to know the people there who can help you counsel on sexual issues.
- ☐ Make a plan for what you will do if a couple has a bad relationship that will prevent protecting an **un-infected** spouse.
- ☐ Whether or not you recommend condom use for anyone, make a plan for how you will help people change risky behaviour.



For further study...

Psalm 9:9-11, 118, 119:9, 11, 103; Proverbs 5;
1 Corinthians 3:16, 17

repentance and forgiveness

Repentance and forgiveness are necessary for Christian counseling. There can be no lasting reconciliation without forgiveness. There is no deep hope without forgiveness. There is no forgiveness without repentance.

Families and persons with AIDS usually have feelings of guilt, although in the denial and anger stages of their grief, they might not talk about that guilt. A counselor should not try to make a person feel guilty. He or she should try to help the counselee acknowledge his true guilt, and understand what to do. Sometimes a person struggles with "false guilt", which is feeling guilty for something that he did not do or truly had no control over.

With AIDS, we often think that the only guilty person is the one who committed adultery or fornication. It is true that they are guilty. A husband who has been unfaithful and has become HIV+ has sinned against God, his wife, and his children. He needs to repent and receive forgiveness from them all.

When the man's wife comes to you angry or depressed that her husband has the AIDS virus, it is easy to understand why she feels that way. She needs hope, and her deep hope will also come as she holds on to Christ. She may need to repent also. In her anger, she might hate her husband. God calls hatred sin. In her depression, she might doubt that God can do anything. Unbelief is also sin.

In order to reach a husband, the counselor may have to begin with the wife (1 Cor. 7:13-16). Remember that AIDS is more than an infected body, it usually begins with infected relationships. Those infections in our relationships are caused by sin.

God has a solution for sin. He promises to forgive us when we confess and repent. The pathway to healing our broken

relationship with God is repentance. The pathway to healing broken relationships in our families is also confession.

Suppose that the wife who came to you angry with her infected husband, went and confessed to him that she had sinned in her attitude. What would his response likely be? Would it help their relationship if she were to tell him that she wanted to help him live positively and bring harmony to the whole family?

But suppose you told the woman that she should keep her anger and leave her husband before she got infected. Would the children be better off or worse off if she left her husband?

Suppose you only tell the woman to confess her anger, but do not help her to reach her husband. What might happen to the family relationships? Reconciliation requires both parties to confess their sin. Will reconciliation be possible without the husband?

Repentance is turning from my sin to my Saviour, Jesus Christ. When I receive his forgiveness, I am able to forgive others the things they have done against me. We sometimes think that forgiveness is forgetting. But it is not. Forgiveness is making a choice to let go of the bad feeling I have toward someone for what they did or said. Every time I remember that thing, I have to choose again to let go of my feeling.

The Bible uses different words that we translate "forgive". They mean "to lift", "to leave, forsake or lay aside", and "to release, dismiss, or pardon". None of the words mean "to forget". God removes the punishment of our sin and failure, though the memory and consequences may stay.

- ☐ Make a list of the things that might have to be forgiven in a family with AIDS.
- ☐ Now write what might happen if there is no forgiveness for those things.

for further study...

2 Chronicles 7:14; Proverbs 28:13; Isaiah 55:7; Exekiel 18:27;
Luke 13:2,3; Acts 2:38; 3:19; 17:30; 1 John 1:9



reconciliation

Reconciliation is when two or more people re-establish a relationship after they have experienced conflict. Human reconciliation is a reflection of a right relationship with God. True Christianity is seeking human reconciliation because of being reconciled with God in Jesus Christ.

AIDS is often a reflection and result of conflict. It also creates conflict. AIDS counseling must promote reconciliation.

Some conflicts that promote wrong sexual conduct, and the transmission of AIDS, are:

- conflicts of the body--sexual abuse and misuse, physical violence;
- conflicts of the soul--injustice, emotional abuse, unrighteousness;
- conflicts in relationships--personal, ethnic, belief systems;
- inner conflicts--anger, hatred, depression.

Conflict is both a danger and an opportunity. Conflicts can be positive if there is desire: to learn, to repair a relationship, to understand, to love, etc.

Reconciliation is making an opportunity for growth out of a negative conflict. Below are principles of conflict resolution that are helpful for AIDS sufferers.

1. Conflict comes to everyone; it can bear positive fruit.
2. Between believers, conflict can and should be resolved.
3. Even without a biblical commitment, many people do resolve their conflict.
4. It is possible to live at peace with ourselves even when the other party refuses to be reconciled.

Families with AIDS often need reconciliation:

- between husband and wife,
- between the immediate family and extended family,

- between an infected person and his/her sexual partners,
- between parent and child,
- in church relationships,
- between friends.

The Bible gives clear directions for reconciliation.

1. Both the offender and the one offended have the responsibility to mention and to deal with the offense (Matthew 5:23,24 and Matthew 18:15-17).
2. If reconciliation fails on the first attempt, a second attempt should be made using a mediator if necessary (Matthew 18).
3. Reconciliation should be done quickly (Matthew 5:25; Ephesians 4:26,27).
4. The words that we use should be building and loving words, not breaking and harsh words (Ephesians 4:25,29).

- ☐ Choose a conflict that you know needs reconciliation. Make a list of the people involved, the problems that feed the conflict, and the process that might be used to bring reconciliation.
- ☐ Reconciliation requires repentance and forgiveness. In the above conflict, write the sins that need to be forgiven.
- ☐ How is repentance between people like

repentance between a person and God?



for further study...

List the causes of conflict in: Proverbs 10:12; 13:10; 26:21; 29:22; 1 Timothy 6:4; James 3:16. Study the resolution of conflicts in 1 Samuel 25:1-35; Joshua 22:15-34; John 18:15-27; 21:15-19.

changing behaviour

Telling people about AIDS is important. But now most people know something about it. The problem is that simply passing along information will not stop wrong behaviour. It probably will not even stop *ignorant* behaviour. Why? Because people do things based on values that they believe in.

A belief is anything that I think is really true, and that I will act upon no matter what evidence there might be.

Beliefs are the deep reasons we "value" something as good or bad, true or false. Changing a belief is difficult. It usually takes more than one generation to change the deep beliefs that are the reasons for a value. But values can often change more quickly when there are a number of "pushers". Values are like a big lorry. It can get stuck in mud, and when it does, it takes many "pushers" to get it unstuck. Helping people to change their values is like getting a lorry unstuck. It takes time, skill, a lot of work, and dry weather that God can give.

Changing the behaviours that bring AIDS requires changing values. In many cases the deep beliefs have not changed for generations, and may not need to change if they are Biblical beliefs. For example, chastity before marriage is a value that is fading from our youth today. It is based upon the good belief that many cultures have held which forbids sex outside of marriage.

So how do we change values?

1. By values clarification--understand what you really believe, and why you believe it.
2. By values check--ask if the Bible supports your belief. Compare your beliefs with absolute Truth found only in the Bible!
3. By values comparison--do the values of friends, family, or peers around me agree with Biblical values?
4. By values adjustment--make a commitment that you will obey God's

Word, and His directions for life.

Cultivate self-control and the Bible says that you will be changed.

AIDS is a deep "mud hole" that has caused many of us to re-evaluate some of our deeply held values.

Outlined below are some values that have proven false and have helped in the spread of AIDS:

- A person will go crazy if he abstains from sex for very long.
- People can't really help it when they have intercourse outside marriage, it is Satan that makes them do it.
- If a young man does not have intercourse with his girlfriend before marriage, he can't be sure she will be able to produce children.
- Encouraging a couple to have AIDS testing before marriage challenges faithfulness.
- It is offensive to God for pastors to talk openly about sex.
- Talking about private things in the presence of an in-law brings a curse.
- Using a condom causes sterility.

Deep change in any person requires a work of God that makes a person able to:

- put off their old sinful patterns,
- put on new patterns of obedience,
- have a new outlook and understanding.

- ☐ For each of the above values, decide who might believe it, and why.
- ☐ How can the AIDS epidemic be an opportunity and help to change values that are not Biblical?
- ☐ What are some values held by people in your congregation that contribute to the spread of AIDS?
- ☐ What other values keep people from reaching out to families with AIDS?

for further study...

Romans 6:6-8, 12:2; Ephesians 4:22-24; Colossians 3:9,10;
2 Timothy 3:16,17; 2 Peter 1:2-4

Children in families with AIDS have special needs. Often they are ignored because of the parent's more urgent needs. Sometimes they are ignored because adults think that children will be all right if they simply have food to eat.

Children are often the final care-givers for their parents. It is vital that the counselor give them special attention. He should make a special point to ask about them, and to counsel with them and other people who are close to them.

Children need:

- a sense of security
- attention
- communication
- future planning
- understanding about HIV/AIDS
- help to correctly express and deal with their emotions, such as anger and guilt.

The counselor should give children attention:

- to make sure they are being cared for,
- to make sure they do not suffer in the denial, anger or depression their parents may feel,
- to make sure they are not exposed to the virus because of giving care to parents.

Communication with children means:

- helping them express their feelings, fears, uncertainties,
- giving them assurance for the future,
- talking to them about the disease, its prevention and care.

Future planning for children includes:

- deciding who will be their future care-givers or guardians,
- planning with the future care-givers for their future, including finances,
- protecting inheritance and land rights.

Children need to understand about AIDS

- to know something about their parents' situation.
- to be prepared for the death of their parent or parents. If they are able to talk when a parent comes to know that they have HIV, then they need to understand about death.
- to know that the death of their parent (s) is not their fault.
- to know that the counselor wants to help them understand and help them through their difficulties.
- to keep family confidentiality, and know who they can talk to.

- ☐ List the people in your congregation that you can prepare to help you care for children's needs.
- ☐ List all the issues that you know should be talked about before a child is orphaned (including cultural, spiritual, economic, social and educational issues).
- ☐ Make a plan for how parents or a family could deal with those issues before death.
- ☐ If there were to be many orphans in your area, what can the churches do? How can you get the churches to do it?



for further study...

Psalm 8:2; Psalm 127; Matthew 18:2-6; Luke 1:42;
Ephesians 6:4; Colossians 3:21

death and dying

Everyone will die some day. People with the HIV virus will die sooner than they might otherwise die. Because everyone dies, everyone should be prepared to die. Because AIDS often brings death quickly and because it may cause others to die, the counselor must prepare the person or family with AIDS for death.

These are the things that are most necessary to prepare a person and family for:

- Reconciliation with God
- Reconciliation with family members
- Reconciliation with other people
- Financial stress
- A lessening ability to work
- Increased sickness
- Decreased ability to take care of oneself
- Children that may remain behind
- A spouse that may remain behind
- Possessions and land
- Writing a will

All these things are emotional issues for most people and families, and they are especially difficult to handle at a time when a person or their family may be denying the reality of HIV or AIDS. The more advanced the disease seems to be, the more urgent the necessity for talking through these issues.

The need for reconciliation with God is the most important issue in terms of eternity. Be sensitive to an appropriate time to discuss it. Talking about a right relationship with God at a time when a person is angry or depressed might either cause them to be angry with God, or to make an emotional decision that is not real or lasting.

Usually the counselor will have to rely on other family members to do most of the preparation for death and dying. If the

family refuses to deal with these things in advance, they are sure to have more problems later on. But the Christian counselor must give the hope of Christ that every person can have.

It is important that a person with HIV/AIDS be involved in talking about and planning for their death. Doing so will help them work through the pain. One mother dying of AIDS wrote notes and left pictures for her children that could not yet read. She knew that in the future they would continue to deal with the pain of her early death and to wonder why she died. Her letters communicated to them her concern and love for them, long after she was gone.

Help the client with HIV/AIDS to see that it is important for them to talk to anyone with whom they have had sex. Those partners may also have the virus and are likely to spread it further. Accepting personal responsibility is an important part of dealing with death and is a necessary part of being truly reconciled to God.

- ☐ What community leaders can you talk to so that the community can better help families deal with death?
- ☐ List the Bible passages that you would use to help a person be reconciled to God.
- ☐ List the things which your own culture feels are important to prepare for before death, for example, property rights or who will pay school fees, etc.
- ☐ What policies or organizations in your area discriminate against people with AIDS?
- ☐ How could your church assist at death other than by giving money?

for further study...

John 3; 1 Corinthians 15; 1 Thessalonians 4; Revelation 14:13

case study: Timothy

Timothy is a 33-year-old doctor. He first suffered from a sexually transmitted disease in his third year of university. He graduated with honours and became well known because of his love for Jesus and his great care for people.

The day before his wedding he found out that he was HIV+. He was in shock, and greatly embarrassed. His fiancée decided to marry him even though he was HIV+, in order to show her true love.

Timothy worked for some time until he became weak. Because of his access to good medical care and the loving care his wife gave him, his health improved somewhat. He began working at a hospital near his home and transformed it into a large and beautiful health centre. He continued to get sick from time to time but did his best not to show his sickness.

Many Christians supported the family in prayer and encouragement, and he continued to work tirelessly. His strength became less and less and he finally became very sick.

Timothy's older brother also had become very sick with AIDS, and Timothy witnessed to him and asked people to pray for his salvation. Three days after Timothy was buried his older brother died and within the year the first-born brother had also died of AIDS. In one year, all the sons of the family had died of AIDS.

Timothy's wife is praising God for how He has helped her deal with all the struggles. She is HIV negative.

- ☐ If you had been the pastor about to marry Timothy, what would you have advised him to do when he told you he was HIV+?
- ☐ Now that you know the end of the story, what does it tell you about how God often works in peoples lives?
- ☐ What kind of healing took place?
- ☐ What Scripture would you use to help Timothy know God's will for his life?
- ☐ If you were Timothy's friend and met him in the hospital while he was sick, what Scripture might you have offered to him?
- ☐ What would you have prayed for?

reading the Bible

Anyone who has a Bible can read it. You might ask, "Why is reading the Bible an important skill for counseling? The skill is not the act of reading, but knowing what to read and how to help people understand what they are reading.

Pastors should know how to choose helpful Bible passages. They should know where to find them. Counseling assistants or lay counselors may not have the same knowledge. It is important to make sure that the Bible is used skillfully, since it is our main source of hope, encouragement, conviction, correction and instruction.

The Bible tells us that all Scripture is God-breathed and is useful for our lives (2 Tim. 3:15,16,17). It also tells us that it can be twisted to say what a person wants to hear (2 Tim. 4:2-4). Here are some basic principles for using the Bible for counseling.

- Know where a Bible passage that talks about your subject is found. Don't just say, "Somewhere in the Bible it says..." *Where does it say that?*
- Prayerfully, understand what the main idea was when the passage was written. *(What did it mean to the author?)*
- Understand the principle, or universal truth that is in the passage. *(What is it there for?)*
- Understand how the principle applies to the people who first heard it, and then decide how it applies to you. *(How does it help me?)*

When we apply the Bible to our lives, there are some simple but important rules to follow. It is like following directions to a friend's home in the city. You might know how far to travel, and what street to watch for, but if you don't know the right direction to start, then you may never reach the place. Follow these rules:

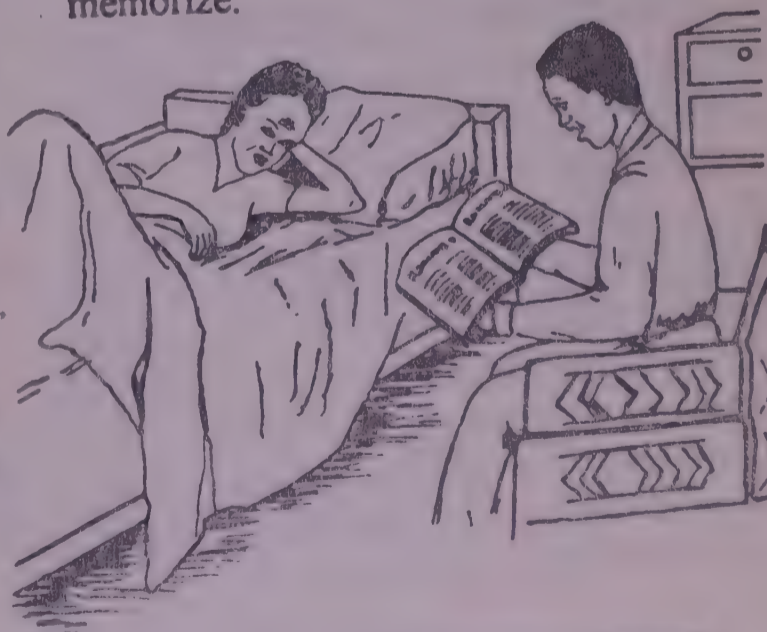
1. One place in the Bible will help explain another.

2. The Bible will not contradict itself. If it does, then our understanding is wrong.
3. The places that are easier to understand should help us understand the more difficult places.
4. The history books should be understood as history, the poetic books as poetry, and letters as letters.

Sometimes an application should be based on an understanding that the Bible uses word-pictures. When Jesus said "I am the true vine..." he was using a word-picture that talked about our relationship to Him.

Other times an application should be based on the understanding that the Bible is explaining a general truth. Paul said "They exchanged the truth of God for a lie and...God gave them over to shameful lusts..." Romans 1: 25-26. He was describing what had and would actually happen when men twist God's truth about sexual relationships.

- ☐ Add passages you discover to the Bible passage lists at the end of this manual.
- ☐ Make some "Bible Search" exercises that would help a counselee find and understand God's directions on subjects like communication, purity, faithfulness, love, fear, etc.
- ☐ Find Bible texts on various counselee needs that would be helpful for them to memorize.



For further study...

2 Kings 22:9-20; Nehemiah 8:1-12; Matthew 13:11;
John 14:26; 1 Corinthians 2:7-14; 2 Peter 1:19-21;

praying

Praying with a client and for them is one of the most powerful helps that a counselor can give. But sometimes people think that praying is magical. Traditional healers use language that people cannot understand, so *what is the difference between Christian prayer and traditional healing?*

Prayer is talking with God. It is the time when we can fully reveal who we are, and what we think and do. It is the time to seek God's guidance and help in doing what He tells us in the Bible. It is often in prayer that He gives us ideas and applications to the principles in the Bible. It is understandable communication with an understanding God that makes Christian prayer different from non-Christian incantations.

Prayer is a skill to be developed by the counselor. It should not be a time when the counselor says things to God about the client that he would not say directly to the client. It should be a time when specific needs and praises are brought to God.

Prayer should include:

- confession of sinful attitudes and actions,
- confession of need for God's help,
- praise for who God is,
- praise for what God has promised,
- praise for what God has done in the person's life,
- request for wisdom,
- request for help in doing the action plan,
- request for help to be open and honest,
- request for deliverance from fear, oppression or obsession.

It is good for the pastoral counselor to begin the session with prayer, seeking God's blessing and help for the time. It is good to stop in the middle of a session when difficult issues are being talked about and ask for God's help. It is good to end with prayer when the entire session can be given back to God. If the counseling session is

informal or done outside a church setting, the counselee might be offended by automatically praying. It is always best to first seek the permission and agreement of a person before you pray.

Praying together is like eating together. It not only feeds the client, but it also feeds the counselor. It heals wounds. It can create trust and openness. But prayer should never be seen as a kind of "trick" that keeps the unbelieving client quiet while the counselor talks. It should not be seen as a way of getting God to do what he would not have otherwise done.

Who should pray? The counselor should pray for himself or herself and for the counselee. The client should be encouraged to pray too, especially when they need to confess, or seek God's help. It is important that the person praying is able to clearly express the praise or the need or the confession. Verbalizing the need, problem or confession is an important step in the healing process. The wise counselor will help the counselee take that healing step. God listens to the sincere heart, not to the mouth that says things in a fancy way.

- ☐ Take several of the Bible passages at the end of this manual and pray through them. Ask God for things He has promised.
- ☐ Evaluate your own usual prayers. Do they normally include all the things they should? Do you praise and confess as much as you ask?
- ☐ Focus your confession so that you are specific. Do you confess and seek God's help to change specific attitudes, as well as general actions? Can you name the things in which you struggle to believe and have faith?

For further study...

Leviticus 26:40-45; 1 Samuel 1:10,11; Psalm 61; 86; 22;
Nehemiah 1:6; Romans 8:20; Ephesians 6:18; 1 John 5:14,15

homework

Effective counseling requires the active participation of the client. Good participation is not just what happens during a session. Developing an action plan requires the client's active participation. That action plan may be the broad guidelines or it may be the specific homework for the next period of time. A single counseling session is too short to allow the client to think as deeply as he/she needs to.

Homework accomplishes several important objectives.

- It helps the counselee see change, and expect to see change. Changing problems brings hope.
- It clarifies expectations.
- It helps the counselor do more counseling more quickly.
- It keeps counselees working to help themselves.
- It helps both the counselor and counselee to know what progress is being made (or not).
- It helps both counselor and counselee to better understand problems.
- It creates accountability for the counselee so that they can really be helped.

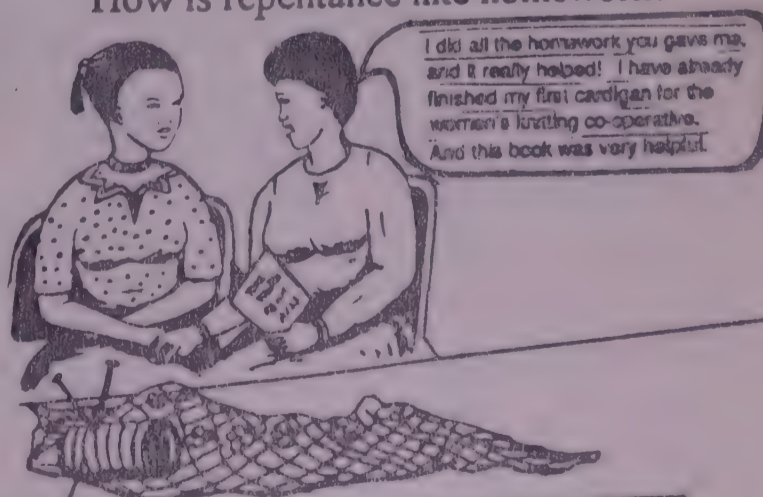
Some guidelines for homework assignments are listed here.

- ✓ Include Bible portions to be studied and applied (not simply read).
- ✓ Be sure to have the homework focus on a specific problem.
- ✓ It should help the counselee think more about their own actions and responses.
- ✓ It should have some part that requires the ideas and interactions of a family member or friend.
- ✓ It should help the counselee make small steps to understand and solve a problem.
- ✓ It should be something that excites, encourages, and helps the counselee to change.

- ✓ Homework is never to be something that makes a counselee feel "righteous", or something that causes them to *earn* the favor of God.
- ✓ Always check the homework at the next session. Help the problems. Encourage the success. Correct the failures.

Some examples of homework are: checklists, letter writing, personal and/or family discussions, Bible readings, and written reflections (or the illiterate counselee should tell two people what they learned).

- ☐ Prepare some homework assignments that you would give if you were helping one of the case studies.
- ☐ Choose a problem of your own and make a homework assignment that might have helped you solve the problem sooner.
- ☐ Make a list of the problems that an AIDS-affected family might have. Now make some homework assignments that would likely help different family members. Use these in your counseling experience as you modify them to fit particular counselees.
- ☐ What are some of the excuses, or resistance that you might find when you ask a counselee to do a homework assignment? How will you deal with those problems?
- ☐ Homework is doing something about a problem to understand it or to solve it. How is repentance like homework?



for further study...

Psalm 63:6-8; 119:105, 147-148; Hebrews 4:12; Galatians 5:22-25; 2 Timothy 2:15,16; James 1:22-25; 2 Peter 1:3-9

case study: Omar

Omar was a Muslim who was friendly with people of all religions. He occasionally went to the mosque but did not pray regularly. He was not very close with the leaders of the mosque, and so when he began to show the symptoms of HIV infection, he was left alone.

One of the community health evangelists in our congregation visited Omar one day and found him in his small room with a very bad case of diarrhea. He was too weak to help himself or to get food or water, so the evangelist helped him. When the evangelist came to our prayer meeting that evening, he told us about Omar, and convinced us that we should help the man. We did not think it was such a good idea since he needed to go to the hospital and it would cost a lot of money. Since he was a Muslim we did not think it was our responsibility either. But the evangelist finally convinced us, and we managed to collect enough money to take him to the hospital.

After some time he got better and came back to the village; he was very thankful to us and began to come to the community health group. Eventually he joined the self-help group that was selling kerosene, and he was able to provide for himself. After several months he moved into a two-room house and actually invited another person who was HIV+ to join him. It meant that our community health group had another AIDS burden, and some of us were not very happy.

To our surprise Omar began to give nearly half of his little earnings to our community health group, and it encouraged us to help others more. Omar even began to come to our church and one day confessed Jesus as his Saviour, because he said that he had seen the love of Jesus and He had given him life.

Omar is very sick now, but he has given our church new life and hope. He is an important part of our group, and even though he can't help us with money any more, we continue to take care of him. When he became a Christian, all of his Muslim friends left him and became angry. He says we are his only family.

- ☐ What were some of the things that this church did to help their own health needs?
- ☐ What were some of the attitudes that made it difficult to help others like Omar?
- ☐ What are some of the signs of the Holy Spirit at work through His people?
- ☐ What impact did Omar likely have on the community?
- ☐ Was this a rich community or a poor one? How do you know?
- ☐ What could your church do to help others which it is not doing now?

Who can help counsel?

Many people give advice to a person in need. Often the least prepared or able person is the one who is listened to the most! Why? Because that person is trusted, available and will often give the advice that a person wants to hear.

In deciding who can help as a counselor, or counselor assistant, it is important to choose people who are able to create a trusting relationship, are available, and who are able to help the client make wise choices. Sometimes a pastor or counselor thinks that they are the only ones able to do that.

In Exodus we read that Jethro saw all the work that his son-in-law Moses was doing. Moses was never able to help all the people that needed his advice. Jethro told him that he should appoint respected men who would be leaders of tens, fifties, and hundreds. In other words, he needed a lot of counseling helpers.

The kinds of people that you might have in your congregation who could help in counseling with HIV affected families are:

- the elders,
- women's leaders, or certain women,
- medical personnel in the church,
- mature, spiritual young people,
- Sunday School Teachers,
- church members,
- other persons affected by HIV.

You can see that the list includes every kind of person in your church! But not every person would be good to establish a trusting, helpful relationship.

Often we have perceived or thought of people affected or infected by HIV as problems. They might become some of your most useful helpers. Some churches have found that people who are living positively with HIV are the ones who can help the most. They understand the problems. They have gone through the denial and anger and

depression that are common. When they have found renewing and forgiving strength in Christ, they are able to give a special kind of advice to other sufferers. They are often effective evangelists.

- ☐ Do you know anyone struggling with AIDS that could give you counsel or help you refine your counseling skills? If so, ask for their help. It will help them know that even in sickness they are necessary in the Kingdom of God.

Often we overlook young people as counselors just because they are young. In Africa today, most of the people are youth. A young person who is living a faithful life and is willing to learn, can be a very effective encourager to help other young people deal with temptation. Young people as counselor helpers are an example of "peer counseling". Adults, of course, also need friends, or peers to help them deal with their needs.

- ☐ Write down the names of people in your congregation whom you could encourage and help to become counselor or counselor helpers.
- ☐ Turn to the last section of this manual and read about how to start a training program.
- ☐ Decide how you will encourage and help the people you have listed to become effective counselors or helpers.



Have a dedication service for counselors or a visitation team.

For further study...

Matthew 18:15-17; 28:19-20; Romans 12:1-8; 15:14; Galatians 6:1-4;
Ephesians 4:11,12

Even before AIDS, there were more hurting people and relationships than churches were helping. Now the need is much greater and our people are often afraid to minister.

In Nehemiah's time the city of Jerusalem was in worse condition than the people were able to cope with. Nehemiah might have given up. He might have been tempted to apply to his rich Gentile friend, the king, for a large amount of foreign aid. Instead, all he asked for was permission to go on leave, permission to cut some trees down, and clearance from the military to travel without difficulty. When he arrived in Jerusalem the situation was worse than he had thought, but he did not sit with the elders and encourage them to apply for a good-paying job. Instead he encouraged each person to do what they could do. The result was that a goldsmith and a man that made perfume both worked on constructing the wall and hauling away the trash.

The answer to our struggle against AIDS, or our struggle against famine or poverty or illiteracy, will never be to find large donor agencies. The answer will come when we take responsibility for our own struggles and decisions.

In the present struggles, every person is needed. Most programs for the prevention of AIDS have failed to actually change behaviour. Even though the rate of growth of HIV infection is slowing down, it is still growing! Daily, more and more people are getting infected and then getting the disease. That means our defenses are still weaker than the enemy. Every person is needed for the defense and care of God's city of joy.



Here are some of the things that the church could do to fight AIDS and to strengthen its own fellowship:

- have a regular visitation program
- learn to listen to problems
- learn to encourage each other
- learn to counsel each other
- give hope
- pray
- evangelize and lead people to Christ
- create home care programs
- share food
- have home Bible studies
- have a men's association to encourage faithful living
- serve as intermediaries in the time of crisis or conflict
- provide burial
- provide foster care or orphanages for orphans
- show love.

Most of these do not cost money. But if the church were willing to form ministry groups to meet these needs, then the fellowship and power of the church would grow, fewer people would get HIV, and those that do would have hope.

- ☐ Plan a visitation program that would involve at least half of your people. Plan how you can motivate and prepare them for the ministry.
- ☐ Identify leaders who would be willing to think and pray with you to begin such a program.
- ☐ Set a date when you would like to begin.

For further study...

Exodus 4:1-12; Nehemiah 1-3; Acts 6:1-7; 9:36-39; 11:19-30

managing relationships

The skill of managing relationships comes from doing many different things well. The pastor cannot do all the helping, all the teaching, and all the counseling in a church. Even if he could do it, he shouldn't! His job is to equip the saints for their works of ministry. It is often easier to do something than it is to help another person do the same thing. That is the reason a counselor often tells a person what to do rather than help *them* find what God says.

Pastoral counseling will only be effective when the pastor, or counselor, helps the whole congregation work together as a body. A good counseling relationship ought to look much like the relationships between people in the congregation.

If you want to manage relationships well, these are some of the things you will do:

1. Respect other people for who they are and what God made them to be.
2. Appreciate the abilities and potential of other people.
3. Publicly mention the good things that people do and are.
4. Speak privately to people about their weaknesses.
5. Need other people. (Needing other people is like using our arms. If you think that one arm is weak, and you *never* use that arm muscle, then after only a year it would be useless!)
6. Honor others more than yourself.
7. Serve others rather than demand that they serve you.
8. Know the strengths and weaknesses of others.

In order to manage relationships well, you will have to do some things to manage yourself! You will need to:

1. organize your time,
2. be open and honest,
3. avoid negative talk,
4. make use of people's gifts,
5. have a vision for what you are doing and then help others to dream with you,
6. connect people with people, not with yourself.

Think about a bicycle wheel; it has a hub at the center of the spokes, and it also has a rim. The hub drives and moves the spokes, but the rim helps distribute the weight of the rider evenly among all the spokes. The church has many people and gifts, but they effectively minister only when they are "moved" by a good leader and are "connected" by a good program, not when a few carry all the load themselves.

- ☐ Evaluate yourself on the above points of self-management. Decide if you usually, sometimes, or rarely do them.
- ☐ Think about your relationship with several of the leaders in your church. How do you rate?
- ☐ Think about your relationship with people in different age sets. How do you rate?
- ☐ Think about your relationship with other ethnic groups. How do you rate?
- ☐ Write down some goals for yourself in your self-management and in your relationships. Share them with someone you trust.
- ☐ Ask several of your fellow leaders or counselors to form a group to help each other grow in the ability to manage relationships.

For further study...

Proverbs 29:18; Acts 20:28; 2 Corinthians 11:28, 12:20;
Galatians 4:5,6; Ephesians 4:15

Case study: David

David learns that his wife Jane is HIV+. He feels he cannot face this, so he thinks about sending her home to her family so that he can go on with his life. He is sure that he is not infected, but he has not had an HIV test.

Both David and Jane had post-test counseling and are aware of the fear of rejection. Jane wants him to be tested also. He responds by saying that she is only accusing him falsely of being responsible for her infection, and refuses.

While David is thinking about what to do, they learn that Jane is pregnant with their first child. David now thinks about doing an abortion on Jane, since they have no money to go to a clinic. He is afraid that he might be infected also but cannot talk about the fear with Jane.

If he is infected, then David knows that he, too, would die, and aborting Jane's child would leave him without a name. He decides to send Jane home to her family without an abortion and find another wife who might also give him a child. Then he would have two chances to leave a son behind.

Before he sends Jane away, he talks with his friend and wants his friend to agree that he is doing the right thing.

- ☐ If you were the friend, what questions would you ask?
- ☐ What do you think are the needs that David and Jane have?
- ☐ How could some of those needs be met?
- ☐ If Jane were a member of your church, what would you do when you learned that she had been sent home (suppose you did not know why she was sent home)?
- ☐ What are the traditions of marriage and divorce that promote the spread of AIDS?
- ☐ What can you do about those traditions?
- ☐ What policy should your church elders have about marriage counseling?
- ☐ Would that policy help guide the advice that David's friend might give?

Many cultural traditions call for advice and counsel to be given by parents, uncles, aunts or a "best couple". These are often good sources of counsel, and should never be ignored, even when they may not be the best counselors. These people will be a part of a chain of helpful relationships that can keep a new marriage strong.

The role of pastoral counseling before marriage is not to replace other godly advice, but to make sure that certain essential things have been thought about. Most of the advice that a couple receives from family or friends may be limited to the areas of how to handle the family relationships, or what to do for the wedding.

A wedding day is important and so are the family relationships, but the counselor must never forget that the most important reason that a marriage takes place is to unite a man and a woman! That union is a holy one before God, and is not finished when a couple is pronounced man and wife or when they are in bed together.

AIDS is mostly spread through wrong sexual relations. God intended the sexual relationship to be a fruit or flower that is produced from the relationship. It is the job of a pastoral counselor to make sure that the relationship is well planned and well guided.

Giving pre-marital counseling is something every pastor should be willing to do. But, before you agree to perform a wedding, be sure that a couple is qualified to be married. These are some qualifications that you might require.

- They should have talked with both of their families, and have sought their blessing.
- They should both be Christians. (If one is not, then you will have "unequally yoked" them together.)
- If either has had sexual intercourse they should be tested for HIV when possible.

When a couple is qualified for marriage, some of the things that you might include in pre-marriage counseling are:

✓ **Communication**

- Verbal and non-verbal
- Listening
- Feedback
- Timing

✓ **Marriage Roles**

- Spiritual headship
- Submission to each other
- Helping each other

✓ **Finances**

- Agreeing on the goals, and plans for earning and spending money
- How to plan for future costs like school, doctor visits, family demands
- What happens when we choose a higher standard of living?

✓ **Extended Family**

- Responsibilities that will be taken
- How necessary "leaving" (Genesis 2:24) and unity will be guarded

✓ **Sexuality**

- Determine past sexual experience
- Understanding biblical principles about the purpose and place of sex.
- The importance of mutually fulfilling sex in marriage
- Helping your partner resist temptation

✓ **Family planning:**

- When to have children and how to parent them

- ☐ Make a file for pre-marriage counseling and write down the Scripture passages that will help on the above check points.
- ☐ Encourage your church elders to agree on a process that a couple should go through before they are married in the church.
- ☐ Do a self-evaluation on your own marriage. How could you improve it?

For further study...

Genesis 2:20-25; Proverbs 18:22; 5:15-21; Ephesians 5:21-33; Philippians 2:1-5; Colossians 3:18-19

marriage counseling

AIDS in Africa is a growing health and social problem because of sinful sexual practices. Those practices reflect the problems and failures in marriages. The husband and wife who are rightly related and sexually fulfilled will not cheat on their mate. The rising number of AIDS deaths and AIDS orphans shows that there are great problems in marriage. The pastoral AIDS counselor must be prepared to do marriage counseling.

Some of the areas that usually need to be helped are:

- communication between husband and wife
- communication with extended family
- coordination and planning for finances, for time schedules, and for relationships
- reconciliation
- expression of affection and sex.

In marriage counseling, it is important to counsel both the husband and the wife together. Often, however, the counselor must start with the one who is willing to talk about the problems. As progress is made and the willing person is able to change their approach, usually their mate will be willing to talk.

Special attention in marriage counseling needs to be given to the person who may be at great risk in being given the HIV virus. The main need in health is to keep the uninfected from becoming infected. The main need in relationships is to bring reconciliation or restoration to God. Other relationships then can be restored and healed. As these health and relationship needs are met, the family will be able to be at peace so that they can deal with other AIDS-related needs.

As in most relationships where there may be a need for reconciliation, the counselor must be aware that he/she may not be the best person to intercede. In the first

counseling session it is important to find out who might be a trusted person(s). You might know what to do to help, but you might be too young, or in some other way not the best person to mediate between the husband and wife. It is important to know of godly couples who are able and willing to act as mediators.

The pastoral counselor needs to be sensitive that marriage problems are usually like charcoal: one issue burns into another issue until finally the relationship is finished. HIV/AIDS brings many problems, but usually it makes other problems that were already there much worse.

Some of the deep needs that the counselor should know and try to help are:

- restoring trust,
- controlling anger,
- learning to forgive,
- learning to apologize,
- chipping away pride without destroying proper self-esteem,
- helping with personal discipline,
- facing a sense of failure and defeat.

- ☐ Make a list of couples (older and younger) whom you could use or train as marriage counselors.
- ☐ List the issues (cultural, economic, social etc.) that you know are likely to be problems in marriage.
- ☐ Find out from other people about the marriage problems in their culture.



for further study...

Matthew 5:3-16; 2:13-15; Mark 10:2-12; Romans 5:3-5;
1 Corinthians 7:1-11; James 1:2-5; 1 Peter 3:1-9

Because AIDS affects families and not just individuals, there are many traditions that may contribute to the spread of AIDS. Traditions may make bad problems worse. Other traditions have been very helpful but they have been ignored. The Christian pastoral counselor must come to know or learn his own cultural traditions, the cultural traditions of the counselee, and the church traditions of both counselor and counselee.

Church traditions are usually clearer and fuller than the Bible actually directs. This is so because every culture applies the Bible to their cultural ways. For example, the Bible honors marriage, and makes it very important in understanding the relationship between Christ and the church. But the Bible says almost nothing about the procedures for a wedding. (Do we really need a cake? A white dress? Why is it important to be married in a church building? What state laws make requirements at a wedding?)

In parts of Africa the tradition of wife inheritance is seen as a great problem. But it affects only some cultures. Traditional circumcision is a much wider problem; but many Africans today no longer go for traditional circumcision rites.

Some cultures have encouraged chastity before marriage. But those traditions are not enforced much today. Why not? What are the changes in our life-styles that have spoiled such good traditions?

Because there are traditional practices that affect the spread and care of AIDS, it is not possible to talk about each of them in this short book. It is important that

the counselor think through his/her own cultural traditions and know how they impact the people you will counsel. Here are some guidelines to help you.

1. Know your traditions. Is the tradition a recent or an ancient one? Is it practiced by most people, or only practiced by a few? What traditional values (which are also biblical) can be encouraged?
2. Know what the Bible says about each tradition. Don't condemn or condone what the Bible does not!
3. Talk with your spiritual and village elders about ways to change harmful and dangerous cultural practices.
4. Involve other church leaders from your denomination and other denominations in discussions about the church's response to traditional cultural practices.

- ☐ Visit other denominations and churches in your area and ask what they are doing about cultural practices that are harmful.
- ☐ What are the cultural practices in your area that contribute to the spread of AIDS?
- ☐ What can you do about them?
- ☐ What are the cultural practices in your area that help in AIDS care or prevention?
- ☐ How can you encourage them?
- ☐ What are some of your church traditions which make AIDS care and prevention difficult?

for further study...

Matthew 15:1-9; Mark 7:5-16; Colossians 2:6-10; Titus 1:10-16;
1 Peter 1:18-21

Policies are clearly known opinions and advance decisions of a person or organization. A male counselor will often have a policy about when and how he counsels a woman. People know that policy, and the counselor uses it for his protection. It is a rule that he has decided to work by. Here is a list of other issues that should have policies (written policies are best).

- confidentiality,
- counseling the opposite sex,
- pre-marital counseling requirements,
- pre-marital testing for HIV,
- what to do when an employee has HIV/AIDS,
- condom use.

Why have policies? Some reasons are:

- to make sure you have thought through an issue before it comes up at a difficult time;
- to maintain equality and consistency;
- to protect your ministry and reputation;
- to make decision-making easier during actual client counseling.

How will policies be implemented?

- If flexible, be sure to include the exceptions or conditions of flexibility in the policy.
- If not flexible, include the reasons in the policy.
- If it is implemented after a grace period, make sure it is clear when the grace period starts and stops.
- If a policy is to be immediate, say so.

How do you make policies?

1. Together, with the highest level of authority in the church (usually the elders and pastors), decide what needs a policy and why.
2. Gather samples of other church's policies on similar matters.

3. Involve families with AIDs in your policy discussions
4. Obtain consensus on the main issues that need to be included in the policy.
5. Make the policy as simple as possible with only the essential issues and conditions. (A long or complicated policy will not be understood or used.)
6. When you have reached consensus, write the policy down.
7. Publicize your policy.
8. Don't make a policy too easy to change, nor impossible to change.

Policies are like trousers: they should be loose enough to let you work, tight enough that they don't fall off, and new enough that they don't look all patched up or let you show through!

- ☐ Look through the contents of this manual. What are the issues for which you know you need policies? Mark them.
- ☐ Who needs to be involved in making the policies for your church? Make a list of their names.
- ☐ How will you help those people understand what a policy is and why you need one? Write your action plan for each person next to their name.
- ☐ Who will you contact for sample policies on these issues? Make a list of people you will contact for each issue.



For further study...

Exodus 18:13-27, Nehemiah 13:1-13; Acts 6:1-7; 15:21-30; Why did God give us the "policy" about elders in 1 Timothy 3:1-7?

Persons and their families affected by HIV need support in caring for sick members. We now know that good care and loving acceptance by the person's natural and spiritual family can greatly improve the physical condition of persons with AIDS. Most problems associated with AIDS can be managed at home with support for family members. *Remember, caring for someone with AIDS will not give you AIDS.* The care-giver should have two basic goals in focus when caring for persons with AIDS: his comfort and the control of infection.

Comfort

Persons with AIDS need to feel accepted and loved. Care always takes time. Time to visit, to talk, to just sit together, to hold a hand, to read the Bible. Touch is very important in helping the person with AIDS feel they are not rejected. Every church member, young or old, can have a role in helping people infected with HIV.

Physical comfort and care involve:

- daily exercise, like taking a walk every day if possible or good positioning and changing of position in a bed or chair,
- a clean body and environment, and
- healthy food.

Persons with AIDS may have mouth sores or trouble eating some foods. It is still very important that a good diet is maintained. Good food choices should include milk, eggs, maize, millet or wimbi porridge, cooked vegetables with maize or rice, fish, lentils, and beans. Soft fruits such as papaya, bananas, or mangos aid in digestion. It is important to encourage drinking lots of pure water since dehydration from diarrhea is a very real danger. People with AIDS may not be able to eat a lot at one time. It may be necessary to provide small but frequent meals (every 2-3 hours).

Control of Infection

Persons with AIDS pick up common infections very easily and may not get over these ordinary illnesses like a healthy person would, since their immune system is very weak. So it is important to prevent infection as much as possible. Common germs may cause skin infections, chest infections, and stomach problems. Careful cleaning of the environment and skin, clean water, and well cooked food not contaminated by flies or rodents will help to control infection. Good ventilation in the room or home is important.

When diarrhea is a problem, make sure that the patient receives enough fluids to drink. If needed, use ORS (oral rehydration solution). To care for the patient, place a piece of thick plastic on the bed, cover with newspapers, and then cover with a bed sheet or towel. It is important to have a clean cloth next to the patient's skin. Whenever the skin is soiled, it should be cleaned with soap and water and thoroughly dried with a towel. After washing is a good time to change the person's position in bed to help prevent bed sores and pneumonia. While caring for a patient, remind them to take good deep breaths often throughout the day.

The bed sheets and clothes should be carefully washed. It is helpful to keep a supply of clean rags or nappies available for clean-up. If there is blood anywhere, the care provider should protect themselves while working by covering their hands with plastic bags or wearing plastic gloves. Any blood on clothing or sheets should be soaked in a 10% bleach solution (one part bleach to ten parts of water) and then hung outside in the sun to dry.

The family of an HIV+ person may need help with cleaning, shopping, garden digging, water carrying or patient care. The church can create a healing community environment around such a family!

understanding the terms

HIV stands for **Human Immunodeficiency Virus**, the virus which causes **AIDS**. A virus is a tiny germ which cannot be seen.

HIV testing is done in a medical laboratory and shows if a person has been infected with **HIV**. **HIV+** persons have been tested and know the virus is living in their body.

AIDS is a short form of the words, **Acquired Immune Deficiency Syndrome**. **AIDS** is a combination of certain diseases such as persistent chest infections, diarrhea, fungal infections, or certain cancers. After a person has had the **HIV** virus for some time, they will get **AIDS** because their body cannot fight off these illnesses.

Sexual fluids refer to either the semen from a man or vaginal wetness from a woman. If a person is infected with **HIV**, sexual fluids have high amounts of the virus.

Condoms are rubber sheaths put on a man's firm penis. They are used for family planning and protection against sexually transmitted diseases. Condoms are not completely safe, but they are safer than using nothing if a couple insists on having sex outside marriage, or within marriage when a partner is unfaithful or when one is **HIV+**.

Non-penetrating sex is the sexual arousal of either a man or woman without the man inserting the penis into the woman. Within marriage, a couple can achieve sexual fulfillment through taking time to stimulate each other using their hands until the man releases semen or the uncircumcised woman becomes sexually excited. If one of the partners is **HIV+**, non-penetrating sex is much safer in protecting the uninfected partner. If there are open cuts or sores on any body part that comes in contact with sexual fluid, the **HIV** virus can be passed.

Breast milk contains **HIV** if the mother is infected with **HIV**. The virus does not pass easily to the infant through breast feeding. It is recommended that **HIV+** mothers breast feed their infants, because the risk of a child dying from diarrhea or malnutrition without breast milk is greater than the risk of becoming infected with **HIV**.

Universal precautions refer to protecting care givers through wearing gloves or plastic bags when touching body fluids while examining or caring for any sick person.

Sterilizing is a process of making items free from **HIV**. The **HIV** virus cannot survive boiling, long exposure to sunshine or dryness, or soaking or cleaning with a bleach solution. It is a good idea to clean up blood using a bleach solution of one part bleach to ten parts water. Instruments with blood or sexual fluids on them should be boiled with a tight lid on the pan for at least 15 minutes.

Permission form is a written statement that is signed by a counselee to protect a counselor from legal actions. An example might be: "I, _____ (name) _____ may share personal information with _____ (counselor's name) _____ during my counseling sessions. This information shall be confidential and shall not be given to other people unless I agree or unless it endangers someone's life."

